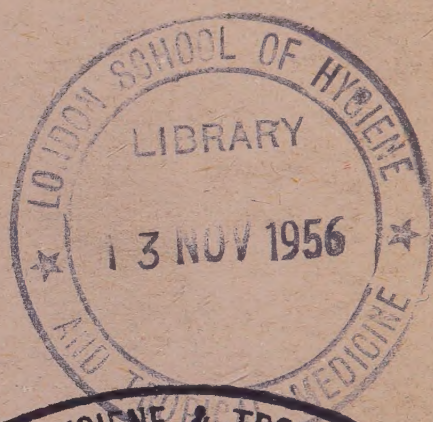


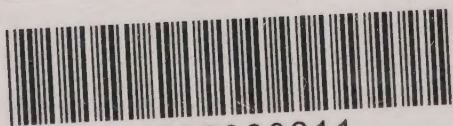
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NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



TENTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1955



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NORTHERN IRELAND
TUBERCULOSIS AUTHORITY



TENTH
ANNUAL REPORT

YEAR ENDED
31st DAY OF DECEMBER, 1955

*Presented to the Ministry of Health and Local Government
in accordance with Section 5 of the Public Health
(Tuberculosis) Act (Northern Ireland) 1946*

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NORTHERN IRELAND TUBERCULOSIS AUTHORITY

Telephone 27871 (4 lines)

27 Adelaide Street,
Belfast,

30th June, 1956.

The Rt. Hon. Dame Dehra Parker, D.B.E., M.P.,
Minister of Health and Local Government,
Stormont, Belfast.

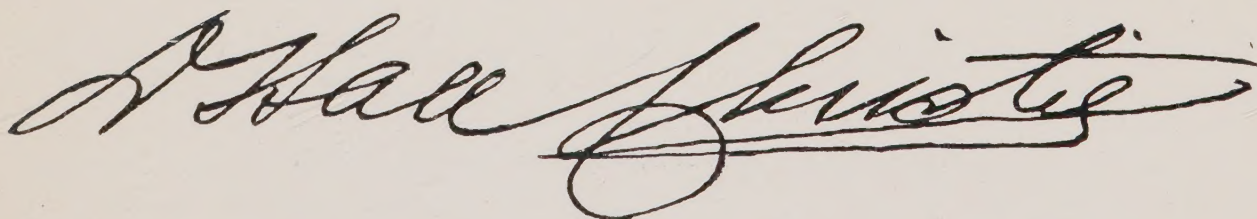
Dear Madam Minister,

I have the honour to present the Annual Report of the Authority in respect of the year ended 31st December, 1955.

In presenting it to you, I should like to take the opportunity of acknowledging your continued personal interest in the work of the Authority and to express appreciation of the helpful assistance rendered by the officers of your Ministry during the year.

With respect, I remain,

Yours sincerely,

A handwritten signature in dark ink, reading "Alan Christie". The signature is fluid and cursive, with a large loop at the end of the last name.

Chairman

Northern Ireland Tuberculosis Authority

Established and Incorporated under the
Public Health (Tuberculosis) Act (Northern Ireland), 1946

MEMBERS OF AUTHORITY

Mr. D. HALL CHRISTIE, C.B.E., D.L.
(Chairman)

Alderman A. SCOTT, J.P.
(Vice-Chairman)

Professor F. M. B. ALLEN, M.D., F.R.C.P.

Mr. R. A. LINTON, J.P.

Professor J. H. BIGGART, C.B.E., D.Sc., M.D.,
M.R.C.P.

Mr. J. A. McGLADE, J.P.

Mr. R. J. BROWN, J.P.

Mr. F. J. McKINLEY

Dr. J. C. DAVIDSON, B.Sc.

Mr. A. MILLAR, O.B.E.

Mrs. J. L. FINLAY, J.P.

Councillor Sir JAMES H. NORRITT,
D.L., J.P., LL.D., F.C.I.S.

Councillor Major W. D. GEDDIS, J.P.

Alderman Sir SAMUEL ORR, J.P.

Mr. W. H. HURST, M.A.

Mr. R. S. SPROULE, J.P.

Mr. J. N. LAMONT

Mr. T. STEEN

Councillor Miss D. S. WILLIAMSON, J.P.

—:O:—

Secretary

WILLIAM HARVEY, A.S.A.A., A.C.I.S., F.H.A.

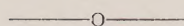
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HEADQUARTERS
27 ADELAIDE STREET,
BELFAST

STATISTICAL SUMMARY 1955

Population of Northern Ireland as estimated by the Registrar-General at 30th June, 1955	1,393,800
Number of deaths from respiratory tuberculosis	.....	.....			180
Number of deaths from non-respiratory tuberculosis	.....	.....			31
Total number of deaths from tuberculosis (all forms)	.....	.....			211
Death rate from respiratory tuberculosis per 100,000 of the population	.....	.....	.....	.....	12.9
Death rate from non-respiratory tuberculosis per 100,000 of the population	.....	.....	.....	.....	2.2
Number of new cases of respiratory tuberculosis notified				.....	1,167
Number of new cases of non-respiratory tuberculosis notified				.....	203
Total number of new cases notified	.....	.....	.....	.....	1,370
Morbidity rate per 100,000 of the population from tuberculosis (all forms)	.....	.....	.....	.....	98
Number of known cases of tuberculosis at 31st December, 1955				.....	14,850
Total number of hospital beds	.....	.....	.....	.....	1,647
Total number of clinic attendances	.....	.....	.....	.....	68,356
Number of X-ray examinations carried out by Mass Radiography Service (Static Unit)	.....	.....	.....	.....	32,723
Number of X-ray examinations carried out by Mass Radiography Service (Mobile Unit No. 1)	.....	.....	.....	.....	32,778
Number of X-ray examinations carried out by Mass Radiography Service (Mobile Unit No. 2)	36,208
Number of persons vaccinated with B.C.G.	41,237

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SECTION A

Northern Ireland Tuberculosis Authority

Formation

The Authority was established by the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as a public authority with perpetual succession and a common seal. It was set up for the purpose of securing, in co-operation with sanitary and other local authorities, the prevention and more effective treatment of tuberculosis and kindred diseases.

Constitution

The Authority is constituted of seventeen nominated and two co-opted members. Of the former, four are nominated by the Minister of Health and Local Government, and thirteen by the several County and County Borough Councils on the following basis:—

County Borough of Belfast	.....	.....	4 members
County Borough of Londonderry	.....	.....	1 member
Counties of Antrim and Down	.....	.....	2 members each
Counties of Armagh, Fermanagh, Londonderry and Tyrone	.....	.....	1 member each

Duties

Section 2 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, enacts that it shall be the duty of the Authority to make provision for:—

- (a) The accommodation and treatment of persons suffering from tuberculosis, including their general care, their care, and if necessary their maintenance during treatment, their care after treatment, and in co-operation with any government department or other body, their industrial rehabilitation;
- (b) The discovery of cases of tuberculosis;
- (c) The prevention of tuberculosis;
- (d) The giving of advice to and the education of the public and of sufferers from tuberculosis with respect to the best means of preventing and treating the disease;
- (e) The institution of courses of instruction with regard to tuberculosis for medical students, doctors, nurses and other persons engaged in employment relating to public health duties, or the co-operation with and encouragement of other bodies in the provision of such courses;
- (f) The performance of any function transferred to or vested in it under or by virtue of this Act; and
- (g) The performance of any incidental function necessary for the making of any such provision as aforesaid.

Medical Staff

No. 1 AREA (population 699,254)

(Comprising the Union Districts of Antrim, Belfast, Ballymena, Larne and Newtownards)

Sub-Division A

Consultant Chest Physician	.....	D. W. Wallace, M.D., D.P.H.
Chest Physicians	.....	Margaret E. Dunn, M.D., D.P.H. T. R. V. Irwin, M.B., D.P.H.

Sub-Division B

Consultant Chest Physician	.....	J. Norris Whyte, M.D., D.P.H.
Chest Physicians	.....	T. C. T. McFetridge, M.D. R. A. N. McMath, M.D., D.P.H.
Assistant Chest Physician	.....	Frances M. Ramsay, M.B., D.P.H.

Sub-Division C

Consultant Chest Physician	.....	B. R. Clarke, M.C., M.D.
Chest Physicians	.....	C. F. Campbell, M.D., D.P.H. Audrey E. Lavelle, M.B.

Whiteabbey Hospital

Senior Medical Officer	.....	P. Steen, M.D., D.P.H.
Principal Registrar	.....	F. D. Honneyman, M.D., M.R.C.P.I.
Assistant Chest Physicians	.....	Anna C. Martin, M.B., D.P.H. L. Thompson, M.B., B.Ch., D.C.H.

No. 2 AREA (population 308,096)

(Comprising the Counties of Armagh and Down together with the Urban and Rural Districts of Lisburn, less the Union District of Newtownards, the Rural District of Castlereagh and the Urban District of Holywood)

Consultant Chest Physician	.....	S. L. W. Erskine, M.D., D.P.H.
Chest Physicians	.....	A. McQuiston, M.B., D.P.H. F. M. J. McFerran, L.R.C.S.I., L.R.C.P.I., L.M. R. F. Stronge, M.D.

Musgrave Park Hospital (Tuberculosis Section)

Senior Medical Officer	.....	Agnes J. A. Maybin, M.D.
Principal Registrar	.....	G. G. Dallas, M.D.
Assistant Chest Physicians	.....	F. C. Coyne, M.B., D.P.H., D.C.H. Sophia E. Kernohan, M.B.

No. 3 AREA (population 163,962)

(Comprising the Counties of Tyrone and Fermanagh, excluding the Union District of Strabane)

Consultant Chest Physician	.....	E. F. James, M.D., M.R.C.P.I.
Chest Physician	.....	W. T. Warmington, M.D.
Assistant Chest Physician	.....	W. A. Young, M.B.

No. 4 AREA (population 222,488)

(Comprising the County and County Borough of Londonderry together with the Union Districts of Ballycastle, Ballymoney and Strabane).

Consultant Chest Physician	.....	J. H. Moffett, O.B.E., M.D., D.P.H.
Chest Physicians	.....	C. T. B. Adams, M.B., D.P.H. A. W. Dickie, M.D., D.C.H. (part-time)
Assistant Chest Physicians	.....	E. W. Knox, M.B., M.R.C.P.I. P. G. Linden, M.B. R. X. Dixon, M.B., B.Ch.

MASS RADIOGRAPHY SERVICE

Medical Director	.....	J. Ritchie, L.R.C.S.I., L.R.C.P.I., L.M.
Medical Director of Mobile Unit No. 1		A. D. M. Hamilton, M.B., D.P.H.
Medical Director of Mobile Unit No. 2		N. J. Anderson, B.A., M.B.

PATHOLOGICAL SERVICE

Consultant Pathologist and Bacteriologist	Lilian V. Reilly, B.Sc., M.D., D.P.H.
---	-------	---------------------------------------

THE ORTHOPAEDIC HOSPITAL, GREENISLAND

Orthopaedic Surgeon (part-time)	.....	G. W. Baker, F.R.C.S.
Assistant Physician	.....	J. D. Morrow, M.B.

BCG VACCINATION SERVICE

Medical Director	.....	H. G. Calwell, B.A., M.D., D.T.M. & H. (Eng.)
Vaccinators	.....	R. Linton, B.Sc., M.B. Mary E. Elder, M.B. A. W. Dickie, M.D., D.C.H. (part-time)

VISITING CONSULTANT STAFF

Whiteabbey Hospital

Thoracic Surgeon	.....	T. B. Smiley, M.C., F.R.C.S.
Ear, Nose and Throat Specialist	.....	Kennedy Hunter, F.R.C.S.

Londonderry Chest Hospital

Ear, Nose and Throat Specialist	S. E. Bolton, M.B.
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Crawfordsburn and Dungannon Chest Hospitals

Ear, Nose and Throat Specialist	H. Aitken, F.R.C.S.
---------------------------------	-------	---------------------

VISITING DENTAL SURGEONS

Whiteabbey Hospital	.....	M. T. Ferguson, L.D.S.
Londonderry Chest Hospital	.....	A. G. B. Duncan, L.D.S.
Dungannon Chest Hospital	.....	T. E. Alexander, M.D.S.
Crawfordsburn Hospital	.....	N. R. Elwis, B.D.S.
The Orthopaedic Hospital	.....	S. S. Barnett, L.D.S.

HOSPITAL MATRONS

Armagh Chest Hospital	.....	Miss M. A. McCrea, S.R.N., S.C.M.
Crawfordsburn Hospital	.....	Miss A. Porter, S.R.N., S.C.M.
Downpatrick Chest Hospital	.....	Miss M. Martin, S.R.N., C.M.B.
Dungannon Chest Hospital	.....	Miss A. Ferguson, S.R.N., S.C.M.
Killadeas Hospital	.....	Miss V. G. King, S.R.N., S.C.M., T.A.
The Orthopaedic Hospital	.....	Miss D. Melville, M.B.E., S.R.N., S.R.C.N., M.S.R.
Londonderry Chest Hospital	.....	Miss D. Hill, S.R.N., S.C.M., R.F.N.
Whiteabbey Hospital	.....	Miss D. A. Paton, S.R.N., S.C.M., M.D.T.

AREA CHIEF EXECUTIVE OFFICERS

No. 1 Area (Hospital Service)	.....	C. R. Duff, B.COM.Sc., A.R.I.P.H.H.
No. 1 Area (Clinic Services)	.....	A. D. Cuthbertson, F.C.I.S.
No. 2 Area	.....	T. A. Parkhill
No. 3 Area	.....	V. B. Lyttle
No. 4 Area	.....	J. B. Williamson

HEADQUARTERS ADMINISTRATIVE STAFF

Assistant Secretary	.....	A. J. Gowdy, B.COM.Sc.
Accountant	.....	J. Magee, A.S.A.A.
Purchasing Officer	.....	R. C. E. Woods, M.P.O.A.
Administrative Officer	.....	W. R. Kelly, M.I.H., A.H.A.
Maintenance Surveyor	.....	S. B. Hamilton
Superintendent Health Visitor	.....	Miss A. Brown, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

SECTION B

Northern Ireland Tuberculosis Authority

TENTH ANNUAL REPORT

ALTERATIONS IN MEMBERSHIP

In consequence of the local government elections which took place during the year under review the membership of the Authority was altered as follows:—

1. Mr. T. Steen was appointed by the Tyrone County Council to fill the seat previously held by Mr. M. Busby, M.B.E., J.P.
2. Mr. R. J. Brown, J.P., was nominated by the Armagh County Council to fill the seat previously held by Alderman J. Twyble, J.P.
3. Councillor Sir James Norritt, D.L., J.P., LL.D., F.C.I.S. was nominated by the Belfast County Borough Council to fill the seat previously held by Councillor J. D. E. Cheyne, B.A.
4. Alderman Sir Samuel Orr, J.P. was nominated by the Londonderry Borough Council to fill the seat previously held by Councillor K. A. MacKenzie.

As a result of the resignation of Mr. S. C. Cupples, J.P. from membership of the Authority the Down County Council nominated Mr. R. A. Linton, J.P. to fill the casual vacancy so created.

MEETINGS OF THE AUTHORITY AND STANDING COMMITTEES

The undernoted Meetings of the Authority and Standing Committees were held during 1955:—

Authority .....	.....	.....	.....	13
Finance Committee .....	.....	.....	.....	13
General Purposes Committee .....	.....	.....	.....	16
Welfare Committee .....	.....	.....	.....	11

The Hospital Visiting Committees carried out periodic inspections of the Hospitals in their respective areas. The total number of meetings held during the year was 20.

The Medical Advisory Committee appointed to advise the Authority on matters relating to medical policy met on 9 occasions, and submitted various recommendations to the Authority for consideration.

PROVISION OF HOSPITAL ACCOMMODATION

The position in regard to hospital accommodation for the treatment of tuberculosis has undergone a complete change in the past decade. In 1946 when the Authority was created an acute shortage of beds existed, and was reflected in the waiting list figures which at that time was approximately 800.

In the intervening years the situation has gradually improved, and this improvement can, in the main, be attributed to the additional beds which have been made available. It is, therefore, with a certain sense of achievement that the Authority can refer to a waiting list at the 31st December, 1955 of the order of 100 or so patients, and in this regard it is gratifying to report that all patients requiring treatment for tuberculous orthopaedic conditions had been admitted to hospital by the end of 1955.

The most important hospital development scheme completed during the year was the extension of the existing Ward Units at Londonderry Chest Hospital. This Hospital has now accommodation for 208 patients as compared with 173 at the end of the preceding year. Three of the new ward extensions have already been occupied, and arrangements are being made to admit patients to the fourth Unit in the month of January, 1956. As a result of the provision of this additional accommodation two wards which were formerly used for tuberculous patients at the Waterside Hospital have been handed back for general hospital purposes, and the Authority accepts this opportunity of recording its appreciation of the helpful co-operation of the North West Area Hospital Management Committee throughout the period that beds were in so great demand in the Londonderry area.

The work on the installation of the centralised heating system and the erection of the new boiler house at Londonderry Chest Hospital has proceeded smoothly, and it is expected that the new system will be brought into full operation in the latter part of next year.

The work of erecting the new Operating Theatre Suite at Whiteabbey Hospital did not proceed as quickly as the Authority had originally anticipated. The completion of the scheme was retarded principally due to delays in the delivery of certain items of specialised equipment, but this equipment has been received and it is now expected that the Suite will be brought into use by the early spring of 1956.

In the month of March the contract work in respect of the alterations and improvements to the hutments acquired by the Authority at Waringfield Hospital was commenced. The progress made on this contract has been reasonably satisfactory, and it is anticipated that the scheme will be completed towards the end of next year.

In the month of October the Dungannon Chest Hospital was connected to the main system of sewers serving the district, and in this regard the Authority wishes to acknowledge the assistance of the Dungannon Rural District Council in carrying this scheme into effect.

It is recognised that greatly extended accommodation is required for physiotherapy work at the Orthopaedic Hospital, Greenisland, and steps are now being taken to plan a new building for this purpose. In the meantime a section of one of the wards has been made available for physiotherapy purposes, and as a result of this the bed complement of the hospital has been temporarily reduced to 100.

The storm damage occasioned to the sea wall at Crawfordsburn Hospital in the spring of the year gave rise to some concern. After careful consideration the Authority invited Mr. A. P. Chapman (Consulting Engineer) to survey the damaged wall and to submit recommendations for its repair. The report of the Consulting Engineer has been adopted by the Authority, and an approach made to the Ministry of Health and Local Government for approval to the expenditure of a sum of £22,300 for the carrying out of the necessary restoration works.

As a first step in the scheme to provide improved facilities for patients at Whiteabbey Hospital the Authority appointed Mr. C. R. M. Wood

(Architect) to prepare plans and specification for the renovation and alteration of the main hospital block. An improvement scheme is in course of preparation, and the Authority hopes to be in a position to submit it to the Ministry of Health and Local Government for approval at an early date.

In view of the favourable trend in the mortality and morbidity rates, and the resultant reduction in the waiting list figures as compared with a year or two ago, the Authority considered it advisable that the various hospital development schemes in contemplation should be re-examined. Accordingly a Sub-Committee was set up in November, 1955, to review the requirements of the Tuberculosis Service, and to advise on the developments necessary to meet its future needs. The inaugural Meeting of this Committee is to take place in the month of January next, and it is hoped that the Committee will be in a position to present its report for consideration to the Authority during the course of the incoming year.

The total number of beds available for the treatment of all forms of tuberculosis at 31st December, 1955, was 1,647, the distribution being as indicated in the table given below:—

Name of Hospital	Respiratory		Non-respitarory		Total
	Adults	Children	Adults	Children	
Armagh Chest Hospital	39	—	—	—	39
Crawfordsburn Hospital	—	100	—	—	100
Downpatrick Chest Hospital	50	—	—	—	50
Dungannon Chest Hospital	97	—	—	—	97
Killadeas Hospital	40	—	—	—	40
Londonderry Chest Hosptial	195	—	—	—	195
The Orthopaedic Hospital	—	—	6	94	100
Whiteabbey Hospital	333	37	—	—	370
Total beds in N.I.T.A. Hospitals	754	137	6	94	991
Belfast City Hospital	51	—	3	8	62
Forster Green Hospital	206	—	—	—	206
Musgrave Park Hospital	319	—	46	14	379
Other General Hospitals	—	—	2	7	9
Total beds in N.I.H.A. Hospitals	576	—	51	29	656
TOTAL OVERALL	1,330	137	57	123	1,647

NOTE—The bed complement shown for Forster Green Hospital includes 30 beds in the new Surgical Unit.

CLINIC SERVICE

The policy of the Authority in relation to the Clinic Service has been designed towards the setting up of an adequate number of Clinics completely equipped with X-ray plant and within easy reach of patients. The total number of Chest Clinics in the Province is 28, of which 23 are located at general or tuberculosis hospitals, the others being accommodated in premises specially adapted for the purpose.

In the month of March the new extensions to the Central Chest Clinic were occupied. The alterations to and renovation of the existing premises have virtually been completed, and arrangements are now being made for the premises to be brought into use. This scheme is regarded as the most important development in the Authority's programme for the provision of an adequate

Chest Clinic Service. The more commodious premises (which include two X-ray departments and improved diagnostic facilities) should considerably facilitate the flow of patients through the Clinic.

The approval of the Ministry of Health and Local Government was sought and obtained to the carrying out of alterations and improvements, and to the installation of X-ray plant at the Chest Clinic located in Portadown. Plans and specifications in respect of this project are in course of preparation, and the Authority expects shortly to be in a position to place the contracts for the work involved.

A proposal to establish a Chest Clinic in Strabane has been approved in principle by the Authority, and the possibility of securing suitable premises for the purpose is being investigated.

The number of examinations carried out at Chest Clinics during the period under review is detailed in a later section of the report.

HEADQUARTERS PREMISES

The Ministry of Health and Local Government has conveyed approval to the preliminary plans prepared by Mr. D. W. Boyd (Architect) for the second phase of the work which involves the provision of Board and Ancillary rooms, the reinstatement of the 5th floor, etc., at the Authority's Headquarters premises at 27 Adelaide Street, Belfast. The detailed plans and specifications are in course of preparation, and the Authority expects to be in a position to invite tenders for the work at a reasonably early date.

MASS RADIOGRAPHY SERVICE

The number of persons who availed themselves of the service during the year 1955 was 101,709 which is the highest total ever recorded.

The special sessions set aside at the Mass Radiography Centre in Belfast for the examination of persons referred by General Practitioners continue to be well attended as revealed by the fact that 9,248 persons were dealt with under this arrangement during the year. The number of persons diagnosed as suffering from active post primary tuberculosis was 172 which is equivalent to 1.86% of the persons examined, as compared with the rate of 0.42% for the Mass Radiography Service as a whole.

The general arrangements for the examination of persons attending the Mass Radiography Service were the subject of review during the year, and as a result it was decided, with effect from 1st October, 1955 that a radiographic, as opposed to a diagnostic service, should be introduced, and that all cases with abnormalities should be referred direct to the Chest Clinic for investigation. At the same time a modified undressing procedure was introduced whereby examinees are no longer required to undress to the same extent as hitherto.

This latter innovation should assist materially in speeding up the rate of flow of examinees through the Centres, and should also overcome the difficulties sometimes encountered by the Mobile Units in securing accommodation with adequate dressing room facilities for use as temporary Mass Radiography Centres.

A detailed analysis of the work carried out by the Mass Radiography Service during 1955 is given in tables XXXIX-XLI.

LABORATORY SERVICE

The volume of work carried out at the Central Laboratory, Whiteabbey, and at the laboratories attached to the Londonderry and Dungannon Chest Hospitals continues to expand. In the year under review the number of tests carried out was 70,683 which is an increase of 10% on the previous year's figures.

Reporting on the work undertaken during the year Dr. L. V. Reilly, Consultant Bacteriologist at the Central Laboratory, Whiteabbey, comments as follows:—

“The work of the laboratory reflects, to some extent, the changing pattern of diagnosis and treatment of tuberculosis. With more emphasis being placed on early diagnosis, confirmation of a tuberculous infection is not always easy, and repeated and detailed examination of pathological material is often necessary. The frequent examination of the fasting gastric residue from children with primary tuberculosis has proved very valuable, and a large percentage of these cases can be proved bacteriologically. The number of these tests has increased greatly. Tests for sensitivity to anti-tuberculous drugs have also increased in number because of the wide use of these drugs in all forms of the disease.

“Patients coming for treatment are of all ages and often present a variety of complicating conditions ranging from those of infancy, to those of old age. This calls for an increasing range of laboratory investigations which may make heavy demands on time and equipment, but are of absorbing interest and help to make treatment possible for many patients who, a few years ago, would not have been considered suitable.

“The number of cases of tuberculous meningitis is declining and infection with the bovine organism is now rare.”

A detailed statement of the investigations undertaken at each of the laboratories referred to above is given in Table XLII.

BCG VACCINATION SERVICE

The number of candidates for BCG vaccination who were tuberculin tested was 53,172 compared with 36,390 in the preceding year. The number vaccinated was 41,237 compared with 24,250.

The vaccination programme remains unchanged, with the exception that in many rural schools with small numbers of pupils vaccination has been offered to all children whose parents request it, and not only to children of school-leaving age.

A BCG Clinic was opened in the Ulster Hospital for Children and Women, Belfast. This is proving very convenient for residents in the east end of the City.

The number of home vaccinations in Belfast has increased greatly, especially of new born infants, and with closer liaison between chest physicians and health visitors with the BCG Department it is possible to arrange for the isolation of new born infants and other children from known sources of tuberculous infection in the pre and post-vaccinal periods.

No agencies additional to those operating in 1954 were working. The following is a summary of the various bodies concerned and their work:—

Agencies	1954		1955	
	Vaccina- tions	Positive Reactors	Vaccina- tions	Positive Reactors
Antrim County Health Committee	2,778	1,315	7,818	2,022
Armagh County Health Committee	1,215	1,171	1,682	393
Belfast County Borough Health Com- mittee	3,250	3,813	3,785	2,146
Down County Health Committee	1,486	1,304	5,243	1,502
Fermanagh County Health Committee	304	68	410	18
Northern Ireland Hospitals Authority:				
Belfast City Hospital	134	10	152	2
Malone Place Hospital	454	—	511	—
Northern Ireland Fever Hospital	2	—	2	—
Royal Belfast Hospital for Sick Children	1,760	101	1,099	66
Royal Maternity Hospital	2,012	—	1,988	—
Northern Ireland Tuberculosis Auth- ority:				
No. 1 Area	16	2	9	—
No. 2 Area	249	171	215	1
No. 3 Area	150	196	231	115
No. 4 Area	7,504	2,685	15,023	4,451
BCG Department	2,821	1,020	2,947	987
The Queen's University of Belfast:				
Student Health Service	110	284	122	232
Others	5	—	—	—
TOTAL	24,250	12,140	41,237	11,935

NOTIFICATIONS

During the year, 1,172 respiratory and 203 non-respiratory cases were notified or intimated, making a total of 1,375. Of this number 17 respiratory and 5 non-respiratory cases were found to be either not suffering from the disease or to have been previously notified, thereby reducing the number of new cases notified to 1,353 (1,155 respiratory and 198 non-respiratory).

In addition, posthumous notifications were received during the early weeks of 1956 in respect of 12 respiratory and 5 non-respiratory cases who had died in 1955, and these brought the total number of new cases for the year to 1,370 (1,167 respiratory and 203 non-respiratory) (See Table V).

It is gratifying to note that the number of new cases notified in 1955 represents a substantial reduction over corresponding figures for earlier years and is the lowest ever recorded. The following table shows the trend from 1949 onwards:—

	<i>Respiratory</i>	<i>Non- Respiratory</i>	<i>Total</i>
1949	2,177	307	2,484
1950	1,830	322	2,152
1951	1,751	312	2,063
1952	1,529	304	1,833
1953	1,436	225	1,661
1954	1,424	259	1,683
1955	1,167	203	1,370

DEATHS

According to the Registrar-General for Northern Ireland, 180 deaths from respiratory and 31 from non-respiratory tuberculosis occurred during the year 1955. This represents a death rate of 15.1 per 100,000 of the population made up as follows:—12.9 for respiratory and 2.2 for non-respiratory cases.

Again it is pleasing to record that a new record low level has been reached. Whilst the declining death rate is not peculiar to Northern Ireland it will be noted from a study of the graph on page 22 that the fall has been more pronounced in the Province than in any of the other regions of the British Isles and is now only fractionally higher than the figure for England and Wales.

CLINIC ATTENDANCES

A further increase in the number of attendances at clinics is recorded. The total for the year was 68,356 (Table IX), compared with 67,962 in 1954. This upward trend is inevitable as the Authority's preventive programme continues to expand, and involving as it does (*a*) increased activity on the part of the mass radiography units, (*b*) schemes for the annual X-ray examination of teachers and school meals personnel, (*c*) intensified follow-up of contacts, and (*d*) the increasing success attending the Authority's education and propaganda programme. All these factors combine to swell the total attendances at clinics.

The number of persons attending clinics for collapse therapy was 315 compared with 435 in 1954 and 460 in 1953. In consequence, the total attendance for the year has fallen to 12,170 compared with 17,413 in the previous year. Artificial pneumothorax refills accounted for 6,294 attendances and artificial pneumoperitoneum refills for the remainder, i.e., 5,876 (Table XIV).

The number of persons examined for the first time (excluding contacts) was 12,794 (Table IX), compared with 9,876 in the previous year. These increased figures are partly attributable to a change in policy regarding Mass Radiography, as a result of which it was decided, with effect from 1st October, 1955, that the Mass Radiography Service should, as far as practicable, operate on a purely radiographic basis, and that all abnormal findings should be referred immediately to the chest clinics for further supervision.

There were 14,639 patients (exclusive of private patients) on the Authority's register at 31st December, 1955 (Table I) compared with 14,895 in the previous year. The total number of re-examinations of tuberculous patients was 22,412 representing an average of 1.5 attendances per patient.

Of the cases examined for the first time during the year 2,852 were placed on "observation." Many of these cases show symptoms of the disease but, because of early detection, they respond well to treatment and as a result the vast majority of them soon recover normal health without any definite signs of active disease. The importance of early X-ray examination cannot be over-emphasised.

Radiological examinations show an upward trend. The total for the year was 74,847 compared with 62,388 in 1954 and 57,786 in 1953 (Table XII).

The free travel facilities, made available by the Authority, do much to encourage patients and their contacts to attend regularly for examination. In this connection the British Red Cross Car Service has proved to be a suitable and economical mode of transport, particularly where large families of young children are concerned.

MEDICAL EXAMINATION OF CONTACTS

The measures adopted by the Authority for ensuring that contacts of known cases submit themselves for examination have met with increasing success year by year, and there is clear evidence that the present scheme, which aims at a close and friendly relationship between the Authority's medical and health visiting staff and the patients and their families, is operating on sound lines. The interest and co-operation of general medical practitioners in the matter of advising their patients, who are known to be contacts of tuberculous patients, to attend chest clinics for examination, has been invaluable and is gratefully acknowledged.

The figures for the first nine months of each of the years 1953, 1954 and 1955 are given in Tables XI(a), XI(b) and XI(c). These tables record the results obtained six months after notification in regard to the examination of new cases notified in each year during the period January–September. The following is a summary of the position:—

Total number of new cases followed up	1953			1954			1955		
	1,180			1,305			995		
	Male	Female	Children	Male	Female	Children	Male	Female	Children
Total number of contacts	1,498	1,729	1,859	1,652	1,832	2,191	1,268	1,423	1,452
Number of contacts examined after six months	1,073	1,304	1,738	1,252	1,462	2,091	993	1,191	1,383
Percentage of contacts examined after six months	71·63	75·42	93·49	75·79	79·80	95·44	78·31	83·70	95·25
Overall percentage examined after six months	80·91			84·67			86·10		
Average number of contacts per case	4·3			4·3			4·2		

Table XI (c) shows that 576 contacts refused examination in spite of repeated visits by Health Visitors. Various reasons were given for non-attendance but the undernoted analysis makes it clear that in the vast majority of cases no valid reason existed:—

Left district—whereabouts unknown	31
Unable to attend because of age	32
Unwilling to forfeit wages	16
Unable to attend because of illness	19
Promised to attend later	49
Apprehensive of results	8
Refused—no reason	421
TOTAL	576

The continued active operation of the present scheme, allied to a growing awareness of the value of contact examinations, will undoubtedly bring further success, but for some time to come there is likely to remain a hard core of persons who repeatedly refuse to co-operate. It is very obvious that intensified

and sustained programmes of education break down this barrier of non co-operation.

In the full year 5,411 contacts were examined for the first time (Table IX) and of this total 64 were diagnosed tuberculous or 1.2 per cent of the total number of contacts examined.

HOSPITAL WAITING LIST AND BED ACCOMMODATION

The number of patients awaiting hospital treatment at 31st December, 1955, was 106 (Table XXXIV) compared with 206 in the previous year and 183 in 1953. The number of additions to the waiting list was 1,147 compared with 1,369 in 1954 and 1,546 in 1953, while the total number of patients on the waiting list who were admitted to hospital was 1,085 compared with 1,173 in 1954 and 1,314 in 1953. Eight patients whose names had been on the waiting list during the year died before admission to hospital.

In addition to the eight patients who died there were 154 other patients on the waiting list who failed to enter hospital. Of this number 76 were removed from the waiting list, mainly because their medical condition had improved to such an extent that hospital treatment was no longer considered necessary. The remaining 78 patients were those who, for a variety of reasons, refused to enter hospital when beds were offered to them. This figure compares with 88 in the previous year and 120 in 1953. The gradual improvement is due in some measure to the shorter waiting period for admission to hospital. Indeed in some areas of the Province it is now possible for patients to enter hospital without delay, and during the whole of the year 1955 this has been the position in No. 3 Administrative area.

The average waiting time in other areas is from 2-3 weeks and, in practice, this has been found to be satisfactory. Most patients require some little time to adjust themselves to problems of a domestic and business nature which arise when they are faced with the prospect of a lengthy period of hospital treatment.

Factors which have combined to create the present very satisfactory position in regard to the waiting list include the use of new drugs and improved facilities for surgical treatment, the changing character of the disease due in some measure to earlier diagnosis and treatment, and a gradual reduction over the years in the average length of hospital stay of respiratory cases.

Reference has been made elsewhere to the steps the Authority has taken to adjust its programme of bed provision in the light of present day needs and the greater emphasis which must now be placed on preventive rather than curative measures. The Authority realises that the present favourable position can be maintained only by constant vigilance. The fact that tuberculous infection was so widespread only a few years ago must be borne firmly in mind and any tendency towards over optimism at this stage must be effectively checked. There can be no room for complacency so long as there are patients who refuse to enter hospital, contacts who refuse to attend for examination, and so long as sources of infection within the community remain undetected.

In an effort to determine the number of open infectious cases not in hospital the Authority caused a survey to be undertaken in No. 2 Administrative area in December, 1955. Each case on the Area Register was reviewed and an assessment made as to whether or not hospital treatment was necessary. This involved an analysis of 2,281 cases (1,130 males and 1,151 females).

Active cases were assessed according to the degree of need for hospital treatment viz:—

(a) Hospital treatment “necessary.”

Patients classified in this group were those for whom it was considered that hospital treatment would be of medical benefit or those whose disease had reached an advanced stage which was becoming progressively worse.

(b) Hospital treatment “desirable.”

Patients placed in this category were:—

- (i) Those who might do quite well at home if they followed proper routine but who would undoubtedly do much better in hospital, and at the same time remove a source of infection from the community, or
- (ii) Those who should be in hospital for assessment for surgery.

(c) Hospital treatment “not necessary.”

Those classified in this group were:—

- (i) Cases with minimal lesions or of doubtful activity, or,
- (ii) Elderly cases with good home conditions where there were no young people and the risk of infection was slight, or,
- (iii) Patients in mental hospitals.

Of the 2,281 cases reviewed 302 were found to be suffering from active disease and not in hospital and the assessment of these cases in accordance with the above categories was as follows:—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Those for whom hospital treatment was considered “necessary”	40	37	77
Those for whom hospital treatment was considered “desirable”	78	57	135
Those for whom hospital treatment was considered “not necessary”	63	27	90
			<hr/> 302 <hr/>

From this table it will be noted that at the date of the survey 77 patients or 3.4% of the Area Register should have been in hospital not only for the medical treatment they required, but also to protect the community from infection, and a further 135 cases (5.9% of the Area Register) should have been in hospital for isolation purposes. The Authority is taking all practical steps to persuade these 212 patients to enter hospital and thereby remove a potential source of danger within the general population.

HOSPITAL TREATMENT

From Table XXIX it will be noted that 2,160 patients were admitted to hospital during the year. This figure excludes temporary admissions and re-admissions for periods of less than 28 days. Of this total 1,085 were admitted

from the waiting list and the balance, i.e., 1,075 were admitted immediately the need for hospital treatment became manifest. Many of these were emergency admissions of urgent cases, although a considerable number of those gaining immediate admission lived in areas where hospital beds were freely available.

The number of patients discharged from hospital during the year was 2,255 (Table XXIX). Of this number 607 remained under treatment for periods not exceeding three months, 472 remained for periods not exceeding six months, 726 received treatment for periods up to one year, while 450 patients remained in hospital for periods in excess of one year (Table XXX).

The average length of stay in hospital of respiratory cases treated to a conclusion was 229.93 days compared with 223.77 days in 1954 and 244.58 days in 1953. For non-respiratory cases the average length of stay was 1010.13 days compared with 682.61 days in 1954 and 634.48 days in 1953 (Table XXXI).

The number of patients awaiting major surgery at the 31st December, 1955, was 68 compared with 125 at the corresponding date in 1954 and 203 in 1953. This improvement is due to the additional accommodation now provided for thoracic surgery.

Dr. W. T. Warmington, reporting on the work done in Killadeas Hospital states:—

“ As in 1954, more than half the cases (55 of 90) admitted during 1955 had moderately advanced Pulmonary Tuberculosis (Group 2). Of these 55 cases, 33 had sputa positive to Mycobacterium Tuberculosis, that is, about two thirds. The continued need for propaganda directed to early diagnosis is thus apparent. It is noteworthy that a few months after the end of 1955 only six or seven sputum positive cases not in hospital were known to be living in County Fermanagh. This relative eradication of sources of infection in the county is largely due to the energetic use of surgery and minor collapse therapy, as well as to prolonged chemotherapy on both in-patients and out-patients.”

Mr. G. W. Baker, Orthopaedic Surgeon, in his report on the work done in The Orthopaedic Hospital, Greenisland, refers to the decision reached during the year that The Orthopaedic Hospital should revert to its original purpose of being a Children's Orthopaedic Hospital, and that its admissions should not be confined to tuberculous cases. Children admitted during the year were all suffering from conditions which do not normally require operative surgery, but rather long-stay conservative treatment. The Authority plans to construct a new Theatre Unit at the Hospital, and when this scheme comes to fruition it will be possible to admit more varied types of cases—most of whom will require surgery.

Whiteabbey Hospital continues to be the principal centre for the reception of miliary and meningeal cases and the use of the new drugs in the treatment of these forms of the disease continues to have encouraging results.

The facilities provided for physiotherapeutic treatment at the Whiteabbey, Orthopaedic and Musgrave Park Hospitals have been used extensively throughout the year.

HOSPITAL WELFARE SERVICES

The Authority regards the arrangements made for the welfare of patients in hospital as an important and necessary supplement to medical care and treatment, and the varied forms of entertainment provided at each hospital are designed to create that contentment of mind which is so vital to ultimate recovery.

The basic feature of the entertainments' programme during 1955 was the provision of regular film shows at each hospital. These shows were arranged and provided by the Authority, and grateful acknowledgment is made of the services voluntarily given by members of the staff in the organisation of these entertainments, entailing as it did, the devotion of time, energy and thought outside normal working hours.

The time and talents of members of many voluntary organisations and societies have been freely given in the interest of patients and the Authority again records its grateful thanks to all who have helped. The special interest of the Staff of the Ulster Transport Authority, the Not Forgotten Association, the British Legion, Toc H and the Voluntary Entertainment, Education and Welfare Organisation (VEEWO) is greatly appreciated.

Numerous gifts of money and in kind have been generously given by a host of friends and the sincere thanks of the Authority are due to all who have helped in this way.

The St. John and Red Cross Library Service, which provided a varied selection of literature for the use of patients, is operated, in the main, by a large band of willing voluntary workers.

Outdoor activities have not been overlooked and for those who are fit enough to be out-of-doors facilities for clock golf, croquet and putting are provided. Outings by bus and by private cars were a feature of the summer programme at several of the hospitals.

The children in Crawfordsburn and Greenisland Hospitals are encouraged to enrol in Youth Organisations which meet regularly at either hospital and the services of the leaders of these organisations are worthy of the highest praise.

The hospital shops, which stock a wide range of commodities for the convenience of patients, continue to be well supported. The profits accruing from the sale of goods are used for welfare purposes.

Radio and Television now form part of the normal entertainment programme. Television sets have been generously donated to all hospitals situated in reception areas. Station H.R.S., which is a non-commercial relay station providing free programmes over closed circuits to patients in hospitals in Northern Ireland and which is operated by the Voluntary Entertainments, Education and Welfare Organisation, has provided many popular programmes for the benefit of patients in Whiteabbey and Londonderry Chest Hospitals.

Special schools, under the direction of the Ministry of Education, now function at Crawfordsburn, Greenisland and Whiteabbey Hospitals. The instruction given in these schools is presented in a manner admirably adapted to the surroundings and the special circumstances prevailing.

Divine services were held regularly in all hospitals for the various religious denominations and special services, with appropriate music, were arranged at Easter and Christmas.

The services of the Almoners attached to Whiteabbey, Londonderry, Musgrave Park and Forster Green Hospitals, continue to be very valuable. Many domestic and social problems are solved by them and much advice given. During the year an additional almoner was appointed to Whiteabbey Hospital. These Almoners also meet the needs of patients in the Orthopaedic and Crawfordsburn Hospitals.

TRAVEL VOUCHERS

It is recognised that regular visits of relatives to patients in hospital are essential if the patients are to remain contented and thus derive maximum benefit from their treatment. Such visitation can be very expensive and a heavy drain on the financial resources of the home, particularly when the breadwinner is the patient. For this reason, the Authority issues free travel vouchers to enable two near relatives of each patient to visit once monthly where the return journey to the hospital exceeds 2/6d.

During the year 2,453 persons received vouchers under the scheme and the total number of such vouchers issued was 22,000 compared with 24,100 in the previous year.

DOMICILIARY WELFARE SERVICES

Small quantities of malt, cod liver oil, virol and virolax continue to be available at chest clinics for issue to patients in special need of body-building foods. The fact that adequate alternatives are available on prescription through the pharmaceutical services renders unnecessary any large scale development of this branch of the Authority's welfare arrangements.

Milk continues to be supplied to patients who, in the opinion of the Chest Physicians, are in need medically of extra nourishment. The scale of issue is one pint per day for an initial period of three months subject to review at the end of that time. At the 31st December, 1955, 1,391 patients were in receipt of free milk, compared with 1,398 at the corresponding date in the previous year. The average number of patients in receipt of milk at any one date during the year was 1,396.

The gradual re-housing of many tuberculous families has lessened the demand for supplies of beds and bedding. Under this scheme items of bed and bedding are issued on a free loan basis thus enabling patients, undergoing treatment at home, to be reasonably isolated. There were 764 patients to whom articles of bed and bedding were on loan at 31st December, 1955, compared with 921 in 1954 and 1,023 in 1953. The total number of new issues during the year was 174.

A decreasing demand in the number of chalets required for isolation purposes is also recorded. These chalets which are supplied on a free loan basis are used mainly in rural areas where isolation cannot be conveniently provided in the home but where there is sufficient ground adjoining the home on which to erect a building of this kind. Thirteen new issues were made during the year and at 31st December a total of 74 chalets was in use compared with 87 in the previous year and 103 in 1953.

The Domestic Help scheme was actively operated during the year. The provision of domestic helps ensures that the domestic duties in the home are attended to in those cases where the housewife is the patient, and where adequate help cannot be provided by other members of the family circle. A total of 123 domestic helps was in employment at 31st December compared with 133 in the previous year. Altogether 272 patients were supplied with domestic helps during the year compared with 267 in 1954 and 265 in 1953. Of this total 30 patients were on the hospital waiting list, 101 patients had just been discharged from hospital, and the remaining 141 patients were those for whom hospital treatment was not considered necessary. The average length of stay in cases terminated during the year was 45 weeks, compared with 37 weeks in 1954 and 32 weeks in 1953. In most areas of the Province the County and County Borough Welfare Committees operate the scheme for the Authority on an agency basis.

Under the scheme for the provision of holiday accommodation for children in contact with tuberculous patients, 86 children spent a holiday at the sea-side during the year 1955, compared with 57 in the previous year. The scheme is confined to children over 5 and under 15 years of age and those eligible include children resident in poor homes where there is an active case of pulmonary tuberculosis, provided the Chest Physician certifies them as physically undernourished and in need of a holiday of this nature.

With the co-operation of the Ulster Joint Committee, The Order of St. John of Jerusalem and the British Red Cross Society, the scheme for the provision of a library service for domiciliary patients, which was inaugurated in the latter months of 1954, was developed in the year under review. Up to and including 31st December, 1955, a total of 59 patients had participated in the scheme. The demand is constant and increasing and the trouble taken by the Library Service to satisfy individual tastes is much appreciated by the patients.

NATIONAL ASSISTANCE

Patients undergoing treatment for tuberculosis of the respiratory system who are over 16 years of age, and who have suffered a loss of income, qualify for special rates of National Assistance under the National Assistance Act (Northern Ireland) 1948. The maximum weekly amount presently payable for such cases is as follows:—

- | | | | |
|--------------------------------------|--|-------|-------|
| (a) for a husband and wife— | | | |
| (1) | of whom one is such a person | ..... | 87/- |
| (2) | of whom both are such persons | ..... | 101/- |
| (b) for any other such person being— | | | |
| (1) | aged 21 years or over | ..... | 60/- |
| (2) | aged 18 years or over but less than 21 years | ..... | 46/- |
| (3) | aged 16 years or over but less than 18 years | ..... | 37/6 |

The report of the National Assistance Board for the year ended 31st December, 1955, reveals that at the end of that year 1,634 patients were in receipt of assistance at the special rates compared with 1,850 in the previous year and 1,919 in 1953.

HOME NURSING

The various local Health Authorities in the Province, acting as agents of the Authority, continued to provide an efficient Home Nursing service for tuberculous patients. The growing tendency to prescribe antibiotic treatment for domiciliary patients has led, inevitably, to an increasing demand for home nursing services. In the year under review 412 patients were visited regularly and the total number of visits made to those patients was approximately 23,450. In the previous year 400 patients were visited and the total number of visits was 16,217.

CARE AND AFTER-CARE

In collaboration with the Northern Ireland Branch of the National Association for the Prevention of Tuberculosis a Committee known as the Northern Ireland Tuberculosis Care and After-Care Committee was appointed towards the end of the year. Its function is to provide care and after-care benefits to tuberculous patients which cannot otherwise be provided through any of the existing Statutory or Voluntary Bodies. Past experience has

demonstrated the need for a Committee of this nature and it is hoped that it will prove its usefulness by meeting a long-felt want.

The money placed at the disposal of this Committee is provided on an equal basis by the Authority and the National Association for the Prevention of Tuberculosis, but provision has also been made for the raising of additional funds through the organisation of functions and by the acceptance of donations.

DIVERSIONAL THERAPY

The importance of this service as an aid to medical treatment and to the eventual recovery of the patient is of course recognized, and every possible encouragement continues to be given to it. The fact that the sum of £3,500 represents the value of the sales of materials at the various hospitals in the financial year ended 31st March, 1955, will indicate the measure of the popularity of diversional therapy among the patients.

During the course of the year the British Red Cross Society found it necessary to withdraw the facilities which it had previously provided to domiciliary patients. Since then approaches have been made to the various County and County Borough Welfare Committees and there are hopes of agreement whereby schemes already operated by them for the teaching of handicrafts to handicapped persons may be extended to domiciliary tuberculous patients.

A unique opportunity of comparing the scope and results of the handicraft scheme here, with those in existence in Britain presented itself by way of an invitation to participate in a display of Handicrafts at the Fourth Commonwealth Health and Tuberculosis Conference held in the Royal Festival Hall, London in the month of June. This was accepted and it is pleasing to record that the comparison was very favourable.

The Tenth Annual Exhibition of Patients Handicrafts was held in the Wellington Hall, Belfast during the period 7th-9th December, and proved most successful. Over 1,300 articles were on display and once again the members of the public showed their growing interest in this work by large attendances during the period of the Exhibition.

REHABILITATION

During the year exploratory discussions took place between representatives of the Authority, the National Union of Printing, Bookbinding and Paper Workers (Belfast Branch) and the Ministry of Labour and National Insurance in regard to the provision of training facilities directed towards the employment of tuberculous patients in the printing and allied trades. As a result of these discussions the Authority is hopeful that a scheme will shortly be initiated for the training of suitable former patients and other disabled persons in the fancy box making industry. The Authority is indebted to the Trade Union concerned for the sympathy and understanding which it has shown in furthering the rehabilitation of the tuberculous.

The Multigraph Department which was set up at Headquarters and is completely staffed by ex-patients, continues to provide a substantial portion of the Authority's printing requirements. The amount of work undertaken for the Northern Ireland Hospitals Authority and the Northern Ireland General Health Services Board shows a marked increase over the previous year's figure, and the Authority takes the opportunity to record its appreciation of the continued support of these Bodies. The costed value of the work carried

out for the year ended 31st March, 1955 was £4,825 which is a slight increase on the preceding year's figure.

It is gratifying to report that during the year five patients were successful in securing other full-time employment on completion of their six months period of training in the Multigraph Department.

HEALTH VISITING

The Health Visiting Staff remains the same, i.e., one Superintendent Health Visitor, one Deputy Superintendent, 37 Health Visitors (one graded as Senior and working in Londonderry) and four Clinic Nurses (one in Londonderry and three in the Central Chest Clinic, Belfast).

Work has proceeded in very much the same way as in previous years. Problems arising in families visited are to a large extent economic. Long periods of illness and unemployment on the part of the breadwinner where the patient is the father and the subsequently low income makes it difficult for families to keep up a good standard of living. Clothes and shoes are not replaced and it is nearly impossible for them to provide new bedding for permanent use. Frequent recourse to Hire Purchase agreements and to money-lenders produces very difficult situations and Health Visitors would welcome closer supervision of the activities of credit firms advancing money and goods to families with insufficient security and income to meet weekly payments due. Health Visitors know of families where 75% of the weekly income is mortgaged in this way before food and heating are provided.

Re-housing families from overcrowded areas in the centre of towns continues slowly. Some families do not make the grade and drift back to rooms or old cottages in town, but most of these moving out settle down and after a while succeed in making reasonably comfortable homes. Health Visitors are occasionally appealed to when eviction orders are threatening because of arrears in rent and much has been done to persuade landlords to delay action. Arrears have in most cases been met by the patients. In some cases outside help has been sought.

Re-settlement and return to work is still difficult. Patients unable to go back to their old employers are difficult to place. Ministry of Labour Officers are approachable and helpful, but work at a disadvantage when so many able-bodied are unemployed. The preference for Ex-service men is also a stumbling block in certain instances when light work which would have suited a particular patient cannot be offered because the person concerned is not Ex-service.

Diversional therapy for home patients is a need which, it is hoped, will be met in the not far distant future. Patients who are house bound have appreciated the Library service provided and Health Visitors feel that a similar scheme for handwork would have equally beneficial effects.

Contact examination is still an anxiety. In a few cases Health Visitors meet a definite refusal to attend, but in the large majority of cases patients just fail to attend for examination though repeated appointments are made. Comparison with the reports of earlier years shows that the Health Visitors are meeting with greater success in this field, though more remains to be done. The scheme for the provision of holidays for children who are in contact with a case of pulmonary tuberculosis continued and was much appreciated. One mother in need of a holiday was sent to the seaside for two weeks with her family. The children over five years of age went through the Authority scheme, while the Health Visitor for the area was able to arrange for the mother's expenses to be paid from voluntary sources.

Grateful acknowledgment is again made of the helpful co-operation received from the Ministry of Labour and National Insurance, the National Assistance Board, the various Health and Welfare Departments and numerous Voluntary Organisations.

EDUCATION AND PROPAGANDA

The need for the whole hearted co-operation of the general public in combating tuberculosis is still of paramount importance and it is with this object in view that the Authority continues to develop its educational and propaganda campaign.

Stands at the Royal Ulster Agricultural Show and other Exhibitions were again used to display publicity material and to distribute literature to the public. Factories, offices and shops were circulated with suitable posters and much thought was given to methods of reaching and arresting public attention.

The school children's essay competition introduced with much success in 1954 was repeated. Organized for the 10-11 years age group it again aroused considerable interest, as can be judged by the fact that over 700 entrants sent in essays from every county in Northern Ireland. The panel of judges was the same as last year, and the Authority once more records its deep appreciation to Mr. J. N. Brown (Belfast Technical High School), Dr. K. Harrison (Belfast Education Authority), and Mr. J. Hewitt (Deputy Curator, Belfast Museum and Art Gallery) for the careful attention and considerable time they gave to the judgment of the essays and to the final selection of the prizewinners.

The Authority desires to record its appreciation of the co-operation received from the Northern Ireland Press in the furtherance of this aspect of the Authority's activities.

X-RAY EXAMINATION OF SCHOOLTEACHERS

Table XLIII shows the position regarding the X-ray examination of schoolteachers under the Teachers' Compulsory Absence and Special Sick Leave Regulations. These Regulations, which became operative on 1st August, 1954, provide for the annual X-ray examination of all teachers coming within the scope of the scheme. For the purposes of the scheme the annual examination is arranged to coincide with the school year and the period covered by the table is for the year ended 31st August, 1955, which was the initial year of operation.

From this table it will be noted that 7,900 teachers were admitted to the scheme during the year and, at 31st August, 1955, there remained 7,618 teachers on the register. Of this number only 148 failed to attend for X-ray examination.

Eighteen cases of active pulmonary tuberculosis were diagnosed as a result of these examinations and, in only four instances were the teachers concerned already under supervision by the Authority. Thus fourteen new cases were discovered which is equivalent to a rate of 1.9 per 1,000.

In all cases where active disease was diagnosed, the teachers concerned were suspended from duty in accordance with the Regulations which are designed to ensure that pupils in grant-aided schools will be safeguarded as far as possible from the danger of infection from teachers suffering from pulmonary tuberculosis.

X-RAY EXAMINATION OF SCHOOL MEALS PERSONNEL

In co-operation with local education authorities and school authorities the Authority provides facilities for the annual X-ray examination of all persons engaged in the school meals service.

This valuable preventive measure, recommended initially by the Ministry of Education, came into full operation during the year under review. As in the case of schoolteachers it is now obligatory for all new entrants to the School Meals Service to have initial X-ray examination.

TUBERCULIN TESTING OF SCHOOL ENTRANTS

During the year 1955 a scheme was introduced whereby all school entrants in the Belfast area are tuberculin tested, and the contacts of positive reactors X-rayed. In the operation of this scheme the Authority is grateful for the excellent co-operation received from the Belfast Health Committee, as a result of which the staff of the school medical services carry out the tuberculin tests.

This scheme is regarded as a pilot survey and it is too early, as yet, to assess its value as an additional case-finding procedure.

The possibility of linking BCG vaccination with such a scheme, so that negative reactors can be vaccinated, is now engaging the attention of the Authority.

FINANCIAL SCHEME FOR THE YEAR ENDING 31st MARCH, 1956.

The draft financial scheme for the year ending 31st March, 1956, as approved by the Ministry of Health and Local Government under Regulation 15 of the Public Health (Tuberculosis) Regulations (Northern Ireland), 1946, makes provision for an estimated net expenditure on Revenue Account of £822,600 allocated over the following headings:—

(i) For services analogous to the Hospital and Specialist Services:

	£	£
(a) Hospital Expenses	532,250	
(b) Clinic Service	94,800	
(c) Mass Radiography Service	33,550	
(d) Bacteriological Service	9,300	
(e) Administrative Expenses	42,200	
(f) Contingencies	4,000	
	<hr/>	716,100

(ii) Other Services:

(a) Domiciliary and Welfare Services	99,300	
(b) Administrative Expenses	6,200	
(c) Contingencies	1,000	
	<hr/>	106,500
Total		<hr/> £822,600

In accordance with the provisions of Section 20 of the Public Health (Tuberculosis) Act (Northern Ireland), 1946, as amended by Section 54 of the Health Services Act (Northern Ireland), 1948, the expenditure specified has been assessed on the several contributing Bodies in the following proportions:—

(a) Amount chargeable to the Ministry of Health and Local Government (total expenditure on items shown under heading (i) and half of the expenditure on items shown under heading (ii))	.....	£769,350
(b) Amount chargeable to County and County Borough Councils in the same proportion as the total net annual value of all hereditaments in the area of each Council bears to the aggregate of the net annual values of all hereditaments in the areas of all the Councils (half of the expenditure on items shown under heading (ii))	.....	£53,250
Total	.....	£822,600

ACCOUNTS

The accounts in respect of the year ended 31st March, 1955, disclose that the net expenditure of the Authority for all purposes amounted to the sum of £810,518 made up as set out below, the figures for the preceding year being shown for comparison:—

1953/54			1954/55
£	(i) Revenue Account:		£
38,530	(a) Headquarters	.....	40,892
435,365	(b) Hospitals under the control of the Authority	.....	447,654
13,717	(c) Hospitals and Institutions not under the control of the Authority	.....	13,650
149,586	(d) Clinics, BCG and Domiciliary Services	.....	174,204
23,830	(e) Mass Radiography Service	.....	29,760
7,018	(f) Bacteriological Service	.....	7,573
1	(g) Miscellaneous	.....	17
668,047			713,750
9,469	£658,578	Less General Receipts	..... 13,491
			£700,259
	(ii) Capital Account:		
59,586	(a) Land and Buildings—additions and alterations	.....	95,795
3,536	(b) Provision of X-ray plant and miscellaneous items of equipment	.....	14,464
63,122			110,259
£721,700			£810,518

The revenue expenditure in respect of Headquarters shows an increase of £2,362 over the previous year. This increase is due to the employment of additional staff and increases in salaries.

The total revenue expenditure in hospitals under the control of the Authority shows an increase of £23,669 as compared with the previous year, reduced to £12,289 through the notional charge for depreciation of buildings being discontinued. This increase is accounted for by:—

- (a) Increases in Medical and other staff salaries and wages and increases in the nursing staff establishment.
- (b) Increased costs of foodstuffs, fuel, light and power, etc.

The following table shows the average cost per patient-week (excluding Headquarters and Bacteriological Service expenditure) at each hospital under the control of the Authority for the years 1953/54 and 1954/55 together with the average for all hospitals:—

Name of Hospital	1953/54		1954/55	
	No. of patient weeks	Patient week costs*	No. of patient weeks	Patient week costs
		£ s. d.		£ s. d.
Armagh Chest Hospital	2,048	7 17 10	1,860	9 4 4
Crawfordsburn Hospital	4,101	10 1 10	4,530	9 17 2
Downpatrick Chest Hospital	2,383	7 3 8	2,423	7 16 2
Dungannon Chest Hospital	4,576	8 5 9	4,113	9 18 11
Killadeas Hospital	1,766	10 13 3	1,407	14 0 0
Londonderry Chest Hospital	9,053	8 6 11	9,088	9 2 0
The Orthopaedic Hospital	6,073	9 4 7	5,796	10 16 0
Whiteabbey Hospital	17,619	9 2 8	18,002	8 18 11
All Hospitals	47,619	8 18 1	47,219	9 9 7

*—Excluding depreciation charge.

The revenue expenditure on the Clinic, BCG and Domiciliary Services shows an increase over the previous year of £24,618, of which £14,293 is due to development of the BCG Service. The remainder is attributable to expansion of the Home Help and Home Nursing Services, and to increases in medical and other staff salaries.

Mass Radiography Service expenditure increased by £5,930, mainly due to additional staff and salary increases.

STAFF

The total number of Staff approved at the 31st December, 1955 was 1,052, which is an increase of 34 on the figures at the corresponding date last year. The increase is largely accounted for by the additional staff required for the new extensions at Londonderry Chest Hospital which were brought into use in the latter half of the year. The number of staff in the various categories was as follows:—

Medical Staff	51
Administrative and Clerical Staff	166
Nursing Staff	320
Health Visiting Staff including Clinic Nurses	44
Special Departmental Staff (Radiographers, Almoners, etc.)	30
Maintenance Staff	78
Domestic and General Staff	324
Chaplains	29
Others	10
Total	1,052

The recruitment of Radiographers, normally domiciled in Northern Ireland, to fill vacancies in the authorised establishment continues to present difficulties and there are as yet few signs to indicate that the position will materially improve in the immediate future. Little difficulty has been experienced in obtaining trained nursing staff to fill vacancies arising at the several hospitals. The response to advertisements for student nurses, particularly at Londonderry Chest Hospital has, however, been somewhat disappointing and unless there is an improvement in the position during the early months of the coming year it will be necessary as a temporary expedient, to appoint trained nurses to make good the shortage in the establishment of the former grade at this hospital. A member of the nursing staff who was awarded a special grant to undertake the course of training for intending Sister Tutors at Edinburgh University successfully completed the course and has now taken up post at Whiteabbey Hospital. As the result of an approach made to the Northern Ireland Hospitals Authority it has been agreed that Crawfordsburn Hospital should be associated with Bangor Hospital in the operation of a Training School for Pupil Assistant Nurses. The preliminaries connected with the setting up of this School have been concluded and it is hoped to arrange for the first intake of Pupil Assistant Nurses at the Bangor Hospital during 1956.

The Authority takes this opportunity to express its thanks to the members of the staff for the loyal and unstinted service rendered by all of them during the past year.

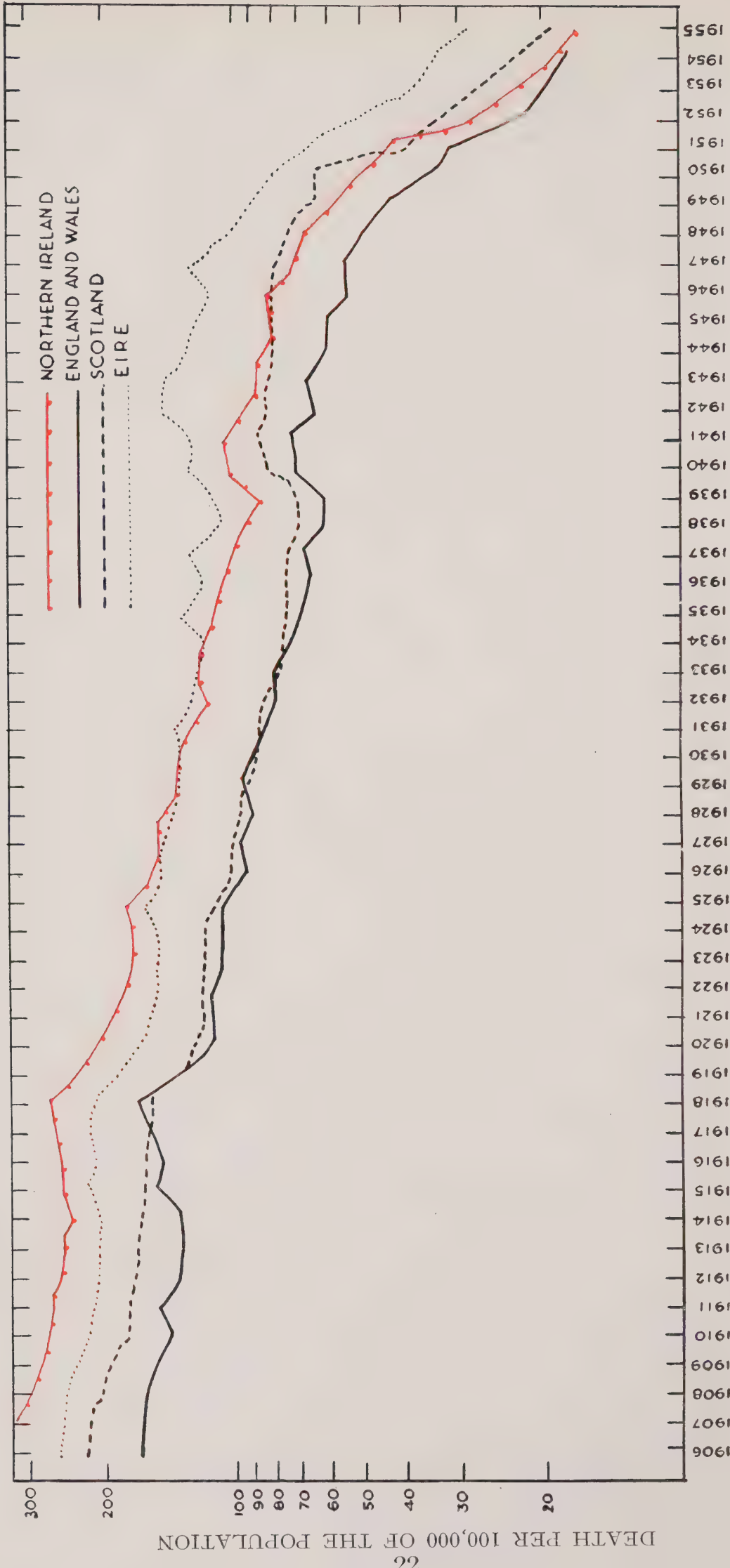
CHAPLAINS

The procedure relating to the appointment of Chaplains at Authority-controlled hospitals remains unaltered. The number of Chaplains in office at the end of the year was 29, of whom 8 held honorary appointments owing to the fact that the number of patients to be visited by them fell short of the minimum required to qualify for payment of remuneration.

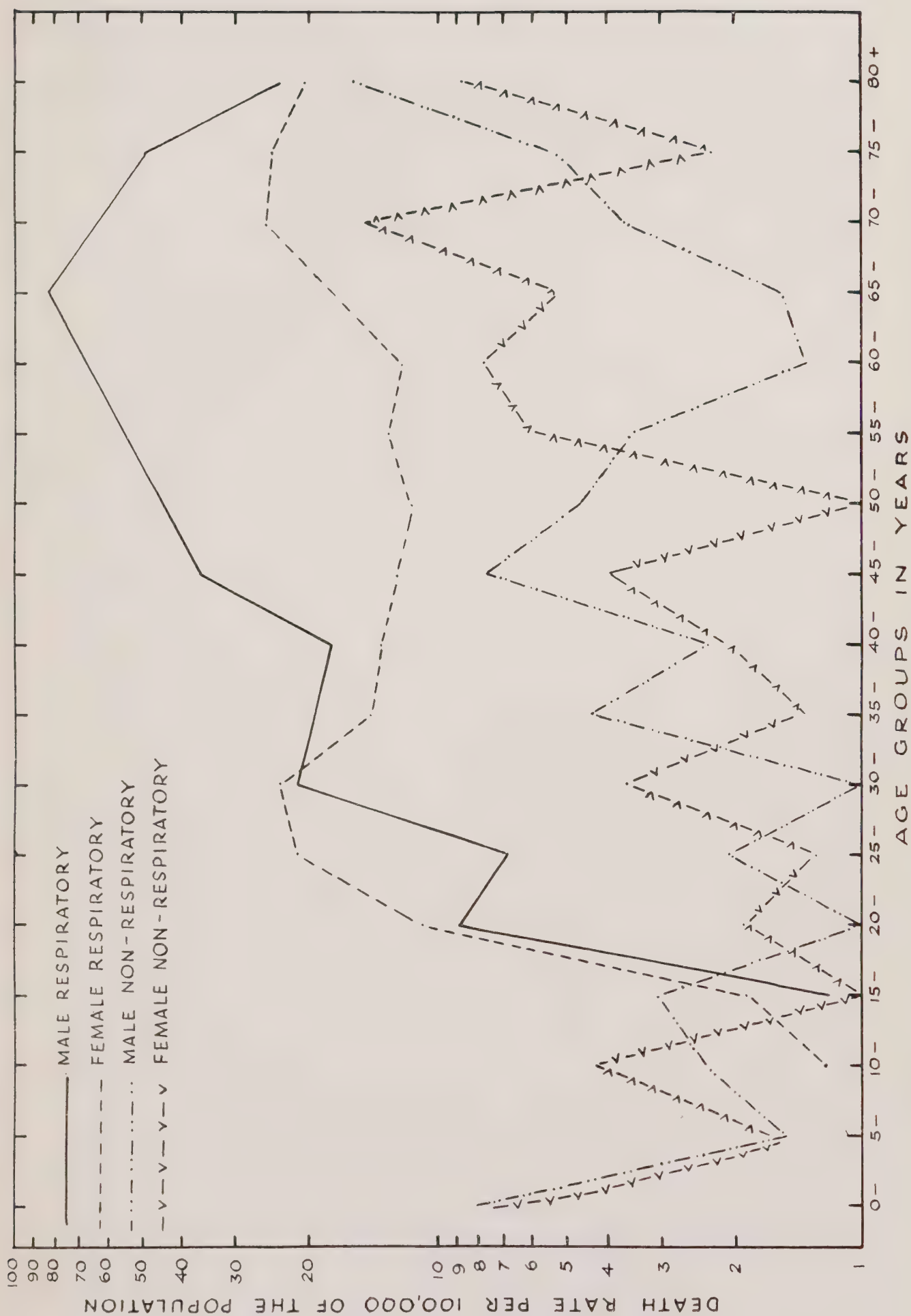
The Authority gratefully acknowledges the valuable contribution made to the welfare of patients by the Chaplains whose services are greatly appreciated by the patients and staff alike.

ACKNOWLEDGMENTS

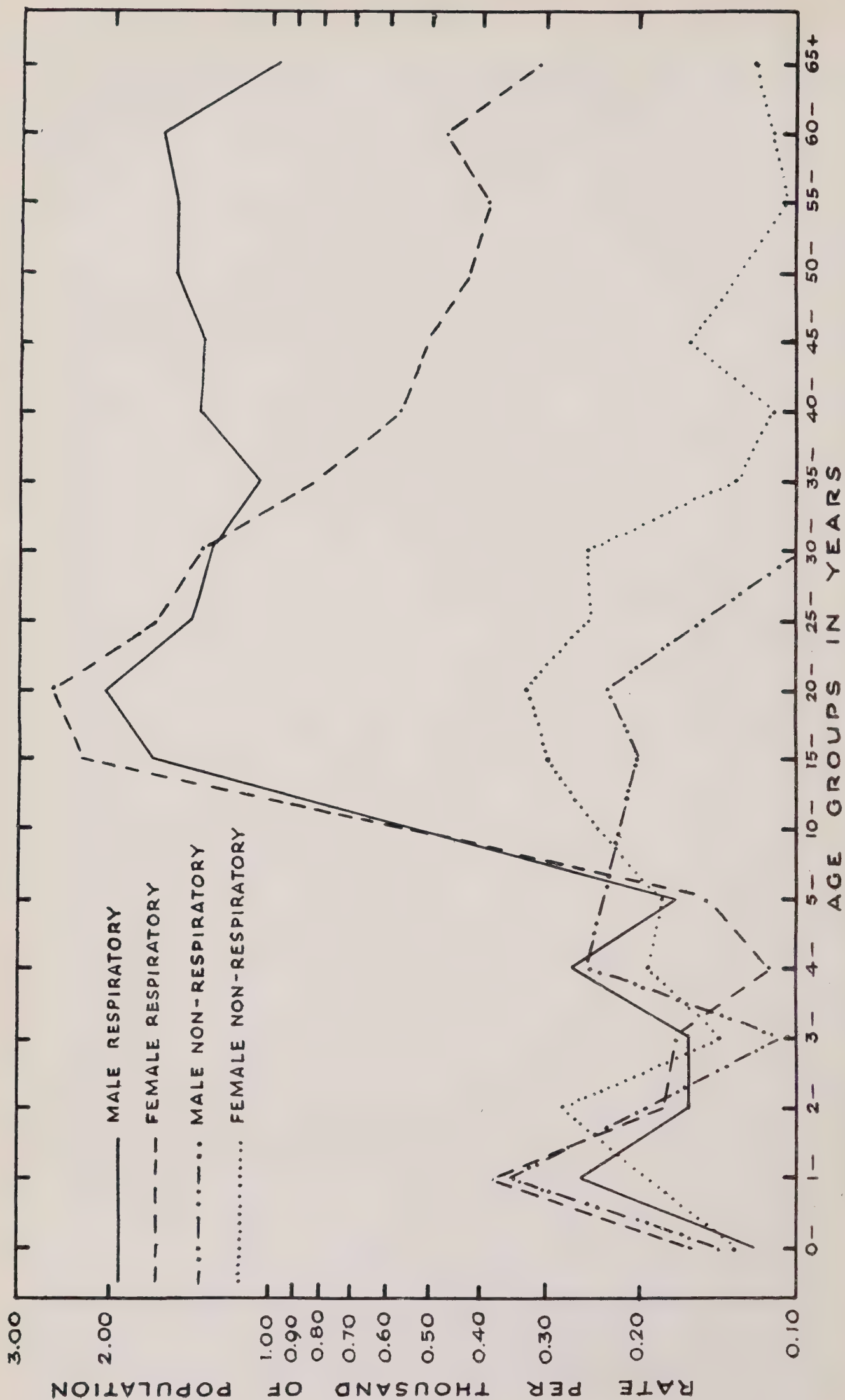
In addition to those specially noted in the body of the Report the Authority desires to thank the Registrar-General for Northern Ireland and his staff for their courtesy in supplying statistical information, and all others who, in any way, contributed to the work of the Authority during the year.



GRAPH I. Mortality from all forms of Tuberculosis, 1906-1955, British Isles



GRAPH II. Average Tuberculosis Death Rate per 100,000 of the population, Northern Ireland, 1953-1955.



GRAPH III. Average Tuberculosis Notification Rate per 1,000 of the population, Northern Ireland, 1953-1955.

SECTION D

DEFINITIONS OF TERMS USED IN THE STATISTICAL TABLES

The classification used in the statistical tables is that recommended by the Ministry of Health in Memorandum 37/T, issued in May, 1947, from which the following abridged definitions have been taken.

- I Patients under 15 years of age are classed as children, and those of 15 years and upwards as adults.
- II Patients are divided into respiratory and non-respiratory cases, as follows:—
- (i) *A respiratory case* is one in which there is a tuberculous lesion of the lungs, pleura, intrathoracic glands, trachea or larynx.
 - (ii) *A non-respiratory case* is one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.
- A case in which both respiratory and non-respiratory lesions of clinical significance are present is classified as a respiratory case.
- III Patients suffering from any form of tuberculosis are further divided into:
- Class A.*—Cases in which tubercle bacilli have never been discovered in any exudate, excrement, discharge or tissue.
- Class B.*—Cases in which tubercle bacilli have been found at any time in any exudate, excrement, discharge or tissue.
- A patient originally in Class A (T.B. minus) is transferred to Class B (T.B. plus) at any stage in the course of treatment if and when tubercle bacilli are found, but, for purposes of classification at the time of first observation if tubercle bacilli have not been found in any excreta or discharge prior to or during the first eight weeks of observation or residential treatment, that patient is considered an A case.
- IV Respiratory cases in Classes A and B are further sub-divided into three groups as follows:—
- Group 1.* Cases with slight constitutional disturbance.
 - Group 3.* Cases with profound systemic disturbance or constitutional deterioration, and with marked impairment of function, either local or general.
 - Group 2.* All cases which cannot be placed in Group 1 or 3.
- V *Quiescent.* Cases in which the general condition and exercise tolerance are good, having regard to the extent of the lesion; which show no evidence of toxæmia; in which no tubercle bacilli have been found on three consecutive monthly examinations by stained film; and in which changes revealed by other clinical investigations and by serial skiagram point to retrogression of the tuberculous lesion.
- VI *Recovered.* Cases in which the state of quiescence has continued uninterruptedly for a period of five years.

The following definitions have been adopted by the Authority:—

Contact. The term “ contact ” refers to all cases in which there is or has been during the previous twelve months intimate relationship with a case of tuberculosis, whether the contact is referred to the clinic as a new case or as a routine procedure.

Private Patient. A person who is notified to the Authority as a definite case of tuberculosis but who declines to attend a clinic for examination and supervision, is considered to be a “ private patient.” In addition, any patient on the Authority’s register who fails to attend the clinic during two consecutive years (at least one appointment being made in each year) is regarded as a “ private patient.” Information concerning such patients is collected annually from the family doctor.

Contractions. The following contractions are used in tables:—

M—Males.

F—Females.

C—Children.

—indicated “ nil.”

TABLE I

Summary of Tuberculosis Register for the year ended 31st December, 1955

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(a) Number of cases on area registers at 1/1/55:	1A	2,384	217	2,601
	1B	2,364	341	2,705
	1C	2,841	283	3,124
	2	2,604	564	3,168
	3	1,048	191	1,239
	4	1,697	361	2,058
	Total	12,938	1,957	14,895
(b) Number of cases transferred in, cases returned after discharge in previous years and cases transferred from non-respiratory to respiratory during the year:	1A	72	10	82
	1B	115	10	125
	1C	102	7	109
	2	69	2	71
	3	22	2	24
	4	42	1	43
	Total	422	32	454
(c) New cases notified during the year:	1A	180	28	208
	1B	196	27	223
	1C	258	43	301
	2	221	55	276
	3	114	34	148
	4	198	16	214
	Total	1,167	203	1,370
(d) Total additions to register during the year (b) + (c):	1A	252	38	290
	1B	311	37	348
	1C	360	50	410
	2	290	57	347
	3	136	36	172
	4	240	17	257
	Total	1,589	235	1,824
(e) Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases lost sight of or otherwise removed during the year:	1A	155	20	175
	1B	161	34	195
	1C	244	30	274
	2	366	14	380
	3	39	9	48
	4	73	9	82
	Total	1,038	116	1,154
(f) Deaths during the year:	1A	32	3	35
	1B	27	3	30
	1C	47	1	48
	2	38	5	43
	3	25	2	27
	4	15	4	19
	Total	184	18	202

TABLE I—*continued*

	Area	TUBERCULOSIS		
		Respiratory	Non-respiratory	Total
(g) Cases recovered during the year:	1A	104	24	128
	1B	162	43	205
	1C	105	14	119
	2	129	7	136
	3	65	9	74
	4	56	6	62
	Total	621	103	724
(h) Total deductions from the registers during the year: (e) + (f) + (g)	1A	291	47	338
	1B	350	80	430
	1C	396	45	441
	2	533	26	559
	3	129	20	149
	4	144	19	163
	Total	1,843	237	2,080
(i) Number of cases on area registers at 31/12/55: (a) + (d) — (h)	1A	2,345	208	2,553
	1B	2,325	298	2,623
	1C	2,805	288	2,093
	2	2,361	595	2,956
	3	1,055	207	1,262
	4	1,793	359	2,152
	Total	12,684	1,955	14,639
(j) Number of private patients:		187	24	211
(k) Total number of cases on Tuberculosis Register at 31/12/55: (i) + (j)		12,871	1,979	14,850

Analysis of cases of respiratory tuberculosis on register at 1st January, 1955, additions to and removals from register during the year, and number receiving treatment at 31st December, 1955

Analysis of cases of non-respiratory tuberculosis on register at 1st January, 1955, additions to and removals from register during the year, and number receiving treatment at 31st December, 1955

TABLE IV

*Comparative analysis of number of patients on the Tuberculosis Register
at 31st December each year for the years 1951–1955*

Date	TUBERCULOSIS		
	Respiratory	Non-respiratory	Total
31/12/51	12,396	1,857	14,253
31/12/52	12,869	1,969	14,838
31/12/53	13,045	2,032	15,077
31/12/54	13,080	1,980	15,060
31/12/55	12,871	1,979	14,850

TABLE V

*Number of cases of tuberculosis notified during the year 1955
analysed by sex and age groups*

Age Groups	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
0—(Months)	—	—	—	—	—	—	—
3—	—	—	—	—	—	—	—
6—	1	1	—	—	1	1	2
9—	—	1	1	—	1	1	2
1—(Years)	2	3	3	3	5	6	11
2—	2	—	—	—	2	—	2
3—	3	—	1	1	4	1	5
4—	5	3	3	4	8	7	15
5—	5	5	13	13	18	18	36
10—	23	34	11	8	34	42	76
15—	75	96	5	13	80	109	189
20—	99	112	9	19	108	131	239
25—	57	80	10	15	67	95	162
30—	51	44	3	14	54	58	112
35—	36	30	1	4	37	34	71
40—	55	25	8	4	63	29	92
45—	44	16	2	8	46	24	70
50—	54	18	3	3	57	21	78
55—	44	16	3	3	47	19	66
60—	41	13	1	3	42	16	58
65+	50	21	1	10	51	31	82
Not Stated	2	—	—	—	2	—	2
TOTAL	649	518	78	125	727	643	1,370

TABLE VI

*Average tuberculosis notification rate per 100,000 of the population
for the years 1953-1955*

Age Groups		TUBERCULOSIS						Grand Total
		Respiratory		Non-respiratory		Total		
		M	F	M	F	M	F	
Under	1	0·12	0·16	0·14	0·13	0·27	0·29	0·28
	1—	0·26	0·38	0·36	0·18	0·62	0·56	0·59
	2—	0·16	0·18	0·19	0·28	0·35	0·45	0·40
	3—	0·16	0·17	0·09	0·14	0·26	0·31	0·29
	4—	0·27	0·07	0·25	0·19	0·53	0·26	0·40
	5—	0·17	0·15	0·22	0·18	0·39	0·33	0·36
	10—	0·38	0·56	0·21	0·24	0·59	0·80	0·70
	15—	1·69	2·29	0·20	0·30	1·89	2·59	2·24
	20—	2·07	2·60	0·23	0·33	2·30	2·94	2·63
	25—	1·42	1·66	0·15	0·25	1·57	1·90	1·75
	30—	1·30	1·36	0·08	0·25	1·38	1·61	1·50
	35—	1·06	0·82	0·05	0·13	1·11	0·95	1·03
	40—	1·38	0·57	0·11	0·11	1·49	0·68	1·07
	45—	1·35	0·51	0·09	0·16	1·44	0·67	1·04
	50—	1·52	0·42	0·08	0·07	1·61	0·49	1·02
55—	1·52	0·39	0·10	0·07	1·63	0·46	1·00	
60—	1·61	0·47	0·07	0·11	1·68	0·58	1·07	
65+	0·97	0·31	0·08	0·12	1·05	0·43	0·71	

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report (ages).

TABLE VII

Number of cases of tuberculosis notified during the year 1955 analysed by areas, classification and sex with corresponding rates per 1,000 of the population in italics.

AREA	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Belfast County Borough	241 1·13	183 0·77	27 0·13	42 0·18	268 1·26	225 0·95	493 1·09
Londonderry Co. Borough	34 1·43	29 1·06	— —	5 0·18	34 1·43	34 1·25	68 1·34
County Antrim	106 0·93	75 0·62	12 0·11	17 0·14	118 1·03	92 0·76	210 0·89
County Armagh	47 0·82	30 0·51	8 0·14	13 0·22	55 0·96	43 0·73	98 0·84
County Down	102 0·85	95 0·76	15 0·13	22 0·18	117 0·98	117 0·93	234 0·95
Co. Fermanagh	13 0·46	17 0·76	4 0·14	11 0·43	17 0·60	28 1·09	45 0·83
Co. Londonderry (excluding Co. Borough)	45 0·83	39 0·73	3 0·05	5 0·09	48 0·89	44 0·83	92 0·86
County Tyrone	59 0·86	46 0·70	9 0·13	10 0·15	68 0·99	56 0·85	124 0·92
Total for N. Ireland	647 0·95	514 0·72	78 0·11	125 0·17	725 1·07	639 0·89	1,364 0·98
Home address outside N. Ireland	2	4	—	—	2	4	6
Total new cases notified	649	518	78	125	727	643	1,370

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report.

TABLE VIII

Number of cases of tuberculosis notified in the County Borough of Belfast during the year 1955 analysed by wards, classification and sex with corresponding rates per 1,000 of the population in italics

WARD	TUBERCULOSIS						Grand Total
	Respiratory		Non-respiratory		Total		
	M	F	M	F	M	F	
Clifton	25 1·02	19 0·68	4 0·16	3 0·11	29 1·18	22 0·79	51 0·97
Court	10 1·12	5 0·57	— —	4 0·46	10 1·12	9 1·03	19 1·10
Cromac	17 1·61	6 0·48	3 0·28	5 0·40	20 1·89	11 0·87	31 1·34
Dock	13 1·98	9 1·14	— —	3 0·38	13 1·98	12 1·52	25 1·67
Duncairn	10 0·57	21 1·09	3 0·17	— —	13 0·74	21 1·09	34 0·92
Falls	28 1·77	14 0·78	3 0·19	4 0·22	31 1·96	18 1·00	49 1·45
Ormeau	19 0·89	9 0·37	3 0·14	6 0·25	22 1·03	15 0·61	37 0·81
Pottinger	26 1·17	18 0·73	3 0·13	2 0·08	29 1·30	20 0·82	49 1·05
St. Anne's	18 1·20	13 0·80	1 0·07	7 0·43	19 1·26	20 1·23	39 1·24
St. George's	12 1·69	7 0·87	— —	1 0·12	12 1·69	8 1·00	20 1·32
Shankill	16 1·05	20 1·19	2 0·13	2 0·12	18 1·18	22 1·31	40 1·25
Smithfield	6 1·17	6 1·07	1 0·20	— —	7 1·37	6 1·07	13 1·21
Victoria	12 0·65	9 0·47	1 0·05	1 0·05	13 0·70	10 0·52	23 0·61
Windsor	14 1·17	10 0·65	2 0·17	2 0·13	16 1·34	12 0·78	28 1·02
Woodvale	15 1·21	17 1·27	1 0·08	2 0·15	16 1·29	19 1·42	35 1·36
TOTAL	241 1·13	183 0·77	27 0·13	42 0·18	268 1·26	225 0·95	493 1·09

Population figures taken from the Registrar-General, Census of Population of Northern Ireland, 1951, Final Report.

TABLE IX

Number of persons examined at Chest Clinics during the year 1955 analysed by area, classification and sex

AREA	Attendance of Old Patients														Cases examined for the first time																Total Clinic Attend- ances	Domiciliary Consul- tations
	Re-examinations								Patients diagnosed tuberculous on re-examin- ation		Attend- ance for other purposes		Grand Total		Non-contacts								Contacts									
	Tuberculous		Non- Tuberculous		Observation		Total								Tuberculous		Non- tuberculous		Obesrvation		Total		Tuberculous		Non- tuberculous		Observation		Total			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F						
1A	1,741	1,767	1,528	1,850	603	715	3,872	4,332	59	55	1,055	1,205	4,986	5,592	30	22	229	248	112	90	371	360	7	5	357	445	27	27	391	477	12,177	7
1B	2,144	2,200	1,441	1,639	802	765	4,387	4,604	38	42	201	218	4,626	4,864	58	41	754	1,113	197	231	1,009	1,405	2	6	409	465	43	38	454	509	12,867	86
1C	2,047	2,040	847	1,112	789	841	3,683	3,993	8	10	431	474	4,122	4,477	138	117	309	357	222	231	669	705	3	7	604	767	35	41	642	815	11,430	15
2	2,086	2,421	90	74	1,463	1,558	3,639	4,053	54	49	134	199	3,827	4,301	72	55	935	1,158	343	284	1,350	1,497	8	9	266	335	122	135	396	479	11,850	24
3	947	933	332	365	281	269	1,567	1,567	23	25	339	162	1,922	1,754	42	42	890	949	88	98	1,020	1,089	1	1	220	205	16	8	237	214	6,236	31
4	1,712	2,041	1,417	1,793	1,001	1,126	4,130	4,960	51	55	74	77	4,255	5,092	41	23	1,059	1,766	198	231	1,298	2,020	7	8	311	436	22	13	340	457	13,462	216
Orthopaedic	152	181	—	—	—	—	152	181	—	—	—	—	152	181	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	334	—
	10,829	11,583	5,655	6,833	4,939	5,274	21,423	23,690	233	236	2,234	2,335	23,890	26,261	381	301	4,176	5,611	1,160	1,165	5,717	7,077	28	36	2,167	2,653	265	262	2,460	2,951	68,356	379
	22,412		12,488		10,213		45,113		469		4,569		50,151		682		9,787		2,325		12,794		64		4,820		527		5,411			

NOTE:—The difference between the total number of new cases found on examination (1,215) and the total new cases notified (1,370, Table V) consists of posthumous notifications (22), emergency admissions to hospital (64), orthopaedic cases not examined at N.I.T.A. Clinics (55), private patients (6) and patients attending Forster Green Hospital Clinic (8)—TOTAL, 155.

TABLE X
Analysis of New Contacts examined during the period 1955 with comparative figures for the years 1951-1954

YEAR	Total number of contacts examined			Number of contacts found tuberculous			Percentage tuberculous		
	M	F	Total	M	F	Total	M	F	Total
1951	2,382	2,922	5,304	113	103	216	4.7	3.5	4.1
1952	3,159	3,897	7,056	92	100	192	2.9	2.6	2.7
1953	2,693	3,228	5,921	71	90	161	2.6	2.8	2.7
1954	2,888	3,325	6,213	43	49	92	1.5	1.5	1.5
1955	2,460	2,951	5,411	28	36	64	1.1	1.2	1.2

TABLE XI
Summary of position after a period of six months in regard to the examination of contacts of new cases notified from January till September in the years 1953-1955
(a) 1953

Area	Number of cases notified	Number not visited for special reasons	Number for whom information was not received	Number followed up for contacts	Total number of contacts				Number examined after 6 months				Number outstanding after 6 months				Percentage outstanding
					M	F	C	Total	M	F	C	Total	M	F	C	Total	
1A	182	7	—	175	217	265	223	705	172	199	204	575	45	66	19	130	13.44
1B	189	2	1	186	231	282	282	795	182	235	267	684	49	47	15	111	13.96
1C	270	21	—	249	323	374	359	1,056	240	266	333	839	83	108	26	217	20.55
2	257	8	2	247	323	337	390	1,050	207	247	371	825	116	90	19	225	21.43
3	151	5	1	145	165	196	292	653	109	148	277	534	56	48	15	119	18.22
4	181	2	1	178	239	275	313	827	163	209	286	658	76	66	27	169	20.44
Total	1,230	45	5	1,180	1,498	1,729	1,859	5,086	1,073	1,304	1,738	4,115	425	425	121	971	19.09

(b) 1954

1A	242	6	—	236	308	353	327	988	218	268	303	789	90	85	24	199	20.14
1B	192	6	—	186	226	235	277	738	199	207	265	671	27	28	12	67	9.08
1C	290	10	—	280	341	396	415	1,152	254	316	400	970	87	80	15	182	15.80
2	256	7	1	248	289	343	391	1,023	210	274	386	870	79	69	5	153	14.96
3	128	6	—	122	168	163	223	554	127	127	196	450	41	36	27	104	18.77
4	241	7	1	233	320	342	558	1,220	244	270	541	1,055	76	72	17	165	13.52
Total	1,349	42	2	1,305	1,652	1,832	2,191	5,675	1,252	1,462	2,091	4,805	400	370	100	870	15.33

(c) 1955

1A	161	1	1	159	175	237	174	586	134	201	165	500	41	36	9	86	14.68
1B	161	4	—	157	187	215	215	617	150	187	205	542	37	28	10	75	12.16
1C	217	12	—	205	260	284	279	823	210	226	270	706	50	58	9	117	14.22
2	216	8	1	207	277	279	304	860	224	242	299	765	53	37	5	95	11.05
3	109	7	1	101	140	144	200	484	109	119	184	412	31	25	16	72	14.88
4	166	—	—	166	229	264	280	773	166	216	260	642	63	48	20	131	16.95
Total	1,030	32	3	995	1,268	1,423	1,452	4,143	993	1,191	1,383	3,567	275	232	69	576	13.90

TABLE XII

Number of X-ray examinations carried out at Chest Clinics during the year 1955, analysed by areas

Area	Number of X-ray examinations
1A	11,457
1B	13,966
1C	11,274
2	11,595
3	9,253
4	17,302
Total	74,847

TABLE XIII

Comparative analysis of the number of X-ray examinations carried out at Chest Clinics during the years 1951–1955

Year	Total number of X-ray examinations
1951	47,795
1952	55,873
1953	57,786
1954	62,388
1955	74,847
Total for 5 years 1951–1955	198,689

TABLE XIV

A.P. and P.P. treatment carried out at Chest Clinics during the year 1955 analysed by areas

Treatment	AREAS						Total
	1A	1B	1C	2	3	4	
A.P. Refills	650	1,394	719	1,233	1,439	859	6,294
P.P. Refills	904	1,359	217	1,254	697	1,445	5,876
Number of patients receiving A.P. or P.P. treatment at end of year	15	59	14	45	66	116	315

TABLE XV

Comparative analysis of the number of patients receiving A.P. and P.P. treatment at Chest Clinics at the end of each year for the years 1951-1955

Year	AREAS						Total
	1A	1B	1C	2	3	4	
1951	49	48	51	73	80	116	417
1952	53	64	30	66	80	108	401
1953	71	75	21	77	79	137	460
1954	48	76	25	74	100	112	435
1955	15	59	14	45	66	116	315

Number of visits made by Health Visitors during the year 1955 analysed by areas with corresponding figures for the year 1954

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Percentage analysis of visits made by Health Visitors during the year 1955 with corresponding figures for the year 1954

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TABLE XVII

Comparative analysis of the number of visits made by Health Visitors during the years 1951-1955

Year	Total number of visits
1951	45,905
1952	60,147
1953	66,277
1954	65,328
1955	68,068
Total for five years 1951-1955	305,725
Average for five years 1951-1955	61,145

TABLE XVIII

Comparative analysis of the number of patients supplied with Home Helps during the years 1951-1955

Year	AREA								Total
	Belfast Co. Boro'	London-derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London-derry County	Tyrone County	
1951	70	21	4	—	42	—	3	—	140
1952	108	27	26	7	36	2	10	4	220
1953	135	22	40	13	37	4	10	4	265
1954	121	29	42	13	33	7	12	10	267
1955	129	27	47	9	36	4	13	7	272

TABLE XIX

Comparative analysis of the number of Home Helps in employment at 31st December each year for the years 1951-1955

Date	AREA								Total
	Belfast Co. Boro'	London-derry Co. Boro'	Antrim County	Armagh County	Down County	Fermanagh County	London-derry County	Tyrone County	
31/12/51	35	17	4	—	19	—	3	—	78
31/12/52	56	11	16	5	17	2	5	1	113
31/12/53	72	14	23	8	16	2	6	2	143
31/12/54	63	14	24	5	17	1	7	2	133
31/12/55	51	16	26	4	18	1	3	4	123

TABLE XX

Analysis of Home Helps supplied during 1955 according to category of patient

Area	Number of Home Helps supplied to			Total
	Patients on waiting list	Patients discharged from hospital	Others	
Belfast County Borough	11	47	71	129
L'derry County Borough	5	11	11	27
Antrim County	8	13	26	47
Armagh County	1	4	4	9
Down County	3	16	17	36
Fermanagh County	—	1	3	4
Londonderry County	—	5	8	13
Tyrone County	2	4	1	7
TOTAL	30	101	141	272

TABLE XXI

Analysis of the number of Home Helps terminated during 1955 showing the average length of stay

Area	Number terminated	Total length of stay (in weeks)	Average length of stay (in weeks)
Belfast County Borough	78	3,374	43·3
L'derry County Borough	11	436	39·6
Antrim County	21	907	43·2
Armagh County	5	307	61·4
Down County	18	773	42·9
Fermanagh County	3	176	58·7
Londonderry County	10	641	64·1
Tyrone County	3	59	19·7
TOTAL	149	6,673	44·8

TABLE XXII

Number of patients in receipt of Free Milk at 31st December, 1955, analysed by areas

Area	Number of patients in receipt of free milk at 31/12/55
1A	65
1B	269
1C	433
2	305
3	203
4	116
TOTAL	1,391

TABLE XXIII

Comparative analysis of the number of patients in receipt of Free Milk at 31st December each year for the years 1951-1955

Date	Number of patients in receipt of free milk
31/12/51	1,851
31/12/52	1,993
31/12/53	1,390
31/12/54	1,398
31/12/55	1,391

TABLE XXIV

Number of patients in receipt of Bed and Bedding at 31st December, 1955, analysed by areas

Area	Number of patients in receipt of bed and bedding at 31/12/55
1A	149
1B	106
1C	195
2	144
3	78
4	92
TOTAL	764

TABLE XXV

Analysis of issue made under the Bed and Bedding scheme during the year 1955

Items	AREA						Total
	1A	1B	1C	2	3	4	
Beds	8	15	36	16	6	7	88
Mattresses	11	17	40	15	6	7	96
Mattress covers	11	15	38	13	7	7	91
Pillows	15	—	33	3	6	2	59
Pillow Cases	26	2	35	3	14	2	82
Sheets	45	35	100	32	31	22	265
Blankets	70	68	192	62	39	40	471
Rubber Sheets	1	—	3	—	—	—	4
Cots	—	—	—	—	1	—	1
Cot Mattresses	—	—	—	—	1	—	1
Dunlopillo Mattresses	—	—	—	—	1	—	1

TABLE XXVI

Comparative analysis of the number of patients in receipt of Bed and Bedding at 31st December each year for the years 1951-1955

Date	Number of patients in receipt of bed and bedding
31/12/51	1,008
31/12/52	1,024
31/12/53	1,023
31/12/54	921
31/12/55	764

TABLE XXVII

Number of patients in receipt of Chalets at 31st December, 1955, analysed by areas

Area	Number of patients in receipt of chalets at 31/12/55
1A	5
1B	10
1C	2
2	25
3	20
4	12
TOTAL	74

TABLE XXVIII

Comparative analysis of the number of patients in receipt of Chalets at 31st December each year for the years 1951-1955

Date	Number of patients in receipt of chalets
31/12/51	105
31/12/52	102
31/12/53	103
31/12/54	87
31/12/55	74

TABLE NNIX

Analysis of the number of patients in hospital at 1st January, 1955, the number of admissions, discharges and deaths during the year and the number of patients in hospital at 31st December, 1955

Name of hospital	Number of patients				
	In hospital 1/1/55	Admitted during 1955	Discharged during 1955	Died during 1955	In hospital 31/12/55
Armagh Chest Hospital	32	58	58	1	31
*Belfast City Hospital	45	142	126	18	43
Crawfordsburn Hospital	91	123	119	—	95
Downpatrick Chest Hospital	49	71	71	3	46
Dungannon Chest Hospital	73	161	163	4	67
*Forster Green Hospital	206	293	303	9	187
Killadeas Hospital	28	103	98	4	29
Londonderry Chest Hospital	168	269	250	7	180
*Musgrave Park Hospital (Respiratory Section)	311	423	454	15	265
The Orthopaedic Hospital, Greenisland	108	38	66	—	80
Whiteabbey Hospital	347	479	458	28	340
TOTAL	1,458	2,160	2,166	89	1,363

In addition, there were 7 patients admitted to Dungannon Chest Hospital, 1 admitted to Downpatrick Chest Hospital, 1 admitted to Londonderry Chest Hospital, 4 admitted to Musgrave Park Hospital and 8 admitted to Whiteabbey Hospital from various Chest Hospitals for special observation and/or surgical treatment, all of whom were discharged within 28 days of admission.

*Indicates hospitals administered by the Northern Ireland Hospitals Authority. The above figures of admissions, etc., will also be shown in the report of that Authority.

TABLE XXX

Analysis of the immediate results of treatment of all suspected and definitely tuberculous patients treated to a conclusion during the year 1955 in Armagh Chest Hospital, Belfast City Hospital, Crawfordsburn Hospital, Dungannon Chest Hospital, Downpatrick Chest Hospital, Forster Green Hospital, Killadeas Hospital, Londonderry Chest Hospital, Musgrave Park Hospital (Respiratory Section), the Orthopaedic Hospital, Greenisland, and Whiteabbey Hospital.

Classification on admission	Condition at time of discharge		DURATION OF RESIDENTIAL TREATMENT												Grand Total						
			Under 1 month			1-3 months			3-6 months			6-12 months				More than 12 months			Totals		
			M	F	Ch	M	F	Ch	M	F	Ch	M	F	Ch		M	F	Ch	M	F	Ch
OBSERVATION	Non-Tub.	29	17	12	27	21	13	7	5	17	4	7	27	—	—	25	67	50	94	211	
		1	1	—	2	3	—	2	—	—	—	1	—	—	—	—	5	5	—	10	
	Tub.	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	
TOTALS		30	18	12	29	24	13	9	5	18	4	8	27	—	—	25	72	55	95	222	
CLASS A Group 1	Quiescent	1	1	—	7	8	3	19	14	2	20	44	19	7	3	6	54	70	30	154	
	Not Quiescent	2	2	1	7	10	3	10	10	—	4	5	2	1	—	1	24	27	7	58	
	Died in hospital	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	3	
CLASS A Group 2	Quiescent	1	—	—	5	5	—	17	12	—	20	21	4	9	15	3	52	53	7	112	
	Not Quiescent	11	5	1	15	6	2	15	10	—	10	10	—	3	4	1	54	35	4	93	
	Died in hospital	1	—	—	1	—	—	1	—	—	—	—	—	—	—	—	3	—	—	3	
CLASS A Group 3	Quiescent	—	—	—	—	—	—	2	2	—	8	7	2	—	3	4	10	12	6	28	
	Not Quiescent	2	1	1	4	—	—	5	1	—	5	3	1	1	1	1	17	6	3	26	
	Died in hospital	2	—	2	1	1	—	—	—	—	1	—	—	—	1	—	4	2	2	8	

Respiratory Tuberculosis	CLASS B Group 1	Quiescent Not Quiescent Died in hospital	1 8 —	— 1 1	— 1 —	4 14 —	4 10 —	1 3 —	10 18 —	8 13 —	28 9 —	27 10 —	2 1 —	3 1 —	7 2 —	2 1 —	46 50 —	46 36 1	5 6 —	97 92 1		
	CLASS B Group 2	Quiescent Not Quiescent Died in hospital	4 14 4	4 19 4	— — —	8 79 5	14 33 1	— — —	36 78 3	31 28 —	81 72 3	84 35 1	2 1 —	62 26 3	49 18 1	3 2 —	191 269 18	182 133 7	5 4 —	378 406 25		
	CLASS B Group 3	Quiescent Not Quiescent Died in hospital	— 20 7	1 11 4	— — —	4 42 3	3 12 2	1 2 —	10 37 2	10 17 —	17 52 4	23 30 —	1 — —	20 20 9	34 27 3	1 2 1	51 171 25	71 97 9	5 4 2	127 272 36		
	TOTALS	(Respiratory)	79	55	7	199	109	15	263	156	6	334	300	35	165	168	28	1040	788	91	1,919
Non-respiratory Tuberculosis	Bones and Joints	Quiescent Not Quiescent Died in hospital	— — —	— — —	— — —	— — —	— 1 —	— 1 —	1 1 —	— — —	2 — —	— — —	1 — —	4 4 —	2 8 —	10 27 —	7 5 —	2 9 —	11 28 —	20 42 —		
	Abdominal	Quiescent Not Quiescent Died in hospital	— — —	— 2 —	— — —	— — 1	— — —	1 — —	1 — —	— 2 —	— — —	1 — —	— — —	— — —	— — —	1 — —	1 — 1	1 4 —	2 — —	4 4 1		
	Other Organs	Quiescent Not Quiescent Died in hospital	— — —	— — 1	— — —	— 1 —	— 3 1	— 1 —	2 2 —	— 2 1	1 — —	3 1 —	5 3 —	— — —	— — —	4 1 —	3 3 —	3 6 3	10 5 —	16 14 3		
	Peripheral Glands	Quiescent Not Quiescent Died in hospital	— — —	— 1 —	1 — —	— 1 —	— — —	— — —	— — —	— — —	— 1 —	— — —	— — —	— — —	— — —	3 — —	— 2 —	— 2 —	1 2 —	4 1 —	5 5 —	
	TOTALS	(Non-respiratory)	—	4	1	3	5	4	7	7	1	4	5	9	8	10	46	22	31	61	114

TABLE XXXI

Analysis of average length of stay of patients discharged from hospital during the year 1955

Name of hospital	Total bed days of patients discharged during 1955	Number of patients discharged during 1955	Number of deaths in hospital during 1955	Average length of stay in hospital (in days)
Armagh Chest Hospital	12,709	58	1	215·41
Belfast City Hospital	15,799	126	18	109·72
Crawfordsburn Hospital	31,443	119	—	264·23
Downpatrick Chest Hospital	16,571	71	3	223·93
Dungannon Chest Hospital	26,718	163	4	159·99
Forster Green Hospital	72,165	303	9	231·30
Killadeas Hospital	9,985	98	4	97·89
Londonderry Chest Hospital	57,496	250	7	223·72
Musgrave Park Hospital:				
Respiratory	119,438	419	13	276·48
Non-respiratory	256	6	—	42·67
Observation	2,908	29	2	93·81
The Orthopaedic Hospital	92,606	66	—	1,403·12
Whiteabbey Hospital:				
Respiratory	117,776	398	24	279·09
Non-respiratory	7,141	25	2	264·48
Observation	2,490	35	2	67·30

Average length of stay:—Respiratory case 229·93
Non-respiratory case 1,010·13
Observation case 79·38

TABLE XXXII

Analysis of X-ray examinations carried out on patients in hospital during the year 1955

X-ray examination	Armagh Chest Hospital	Crawfords- burn Hospital	Down- patrick Chest Hospital	Dun- gannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	The Ortho- paedic Hospital	London- derry Chest Hospital	White- abbey Hospital	Total
Abdominal	—	6	—	—	—	7	—	10	15	38
Barium examination	4	—	—	—	—	21	—	—	5	30
Bronchograms	6	—	—	—	—	10	—	2	49	66
Cholecystograms	—	—	—	—	—	2	—	—	—	2
Dental	—	—	—	—	—	12	—	—	—	12
Intravenous Pyelograms	—	—	1	—	—	10	—	—	6	17
Pelvis	—	—	—	—	—	14	—	—	15	29
Portable	—	—	—	—	—	—	—	1	366	367
Pulmonary	223	1,555	225	612	283	1,983	—	1,453	3,621	9,955
Retrograde Pyelograms	—	—	—	—	—	2	—	—	—	2
Sinograms	—	—	—	—	—	2	—	4	5	11
Skeletal	6	17	2	—	—	97	879	11	124	1,136
Skull	3	4	—	—	—	3	—	1	80	91
Other	—	—	—	—	—	8	—	16	—	24

TABLE XXXIII

Summary of surgical treatment carried out on patients in hospital during the year 1955

Surgical treatment	Armagh Chest Hospital	Down- patrick Chest Hospital	Dungannon Chest Hospital	Killadeas Hospital	Musgrave Park Hospital	London- derry Chest Hospital	Whiteabbey Hospital	Total
A.P. Inductions (successful)	—	—	9	9	3	4	—	25
A.P. Inductions (unsuccessful)	—	—	5	2	—	—	—	7
A.P. Refills	—	58	390	243	—	1,009	106	} 4,608
P.P. Refills	174	—	36	47	684	1,265	596	
P.P. Inductions	1	—	—	3	14	21	41	
Antrum Puncture	—	—	—	—	—	—	1	80
Aspiration of tuberculous glands	—	—	—	—	—	—	—	1
Bronchogram	—	—	17	—	—	—	—	17
Bronchoscopy	—	—	7	—	17	—	17	41
Chest Aspirations	—	—	7	4	110	53	217	191
Decortication	2	—	17	21	—	—	134	174
Lobectomy	—	—	—	3	2	—	9	14
Lumbar Puncture	—	—	—	—	37	—	53	90
Phrenic Nerve operation	1	—	—	—	—	—	—	1
Plombage operation	—	—	—	—	—	17	1	18
Pneumonectomy	—	—	—	—	10	—	6	16
Pneumonolysis	—	—	—	—	13	—	15	28
Segmental Resection	—	—	—	15	2	—	—	23
Thoracoplasty	—	—	—	—	8	—	46	54
Thoracoscopy	—	—	—	—	97	—	93	190
Wedge Resection	—	—	—	2	(in stages)	—	(in stages)	2
Other Surgery	—	—	—	—	6	—	28	34
	—	—	—	—	31	—	—	31

TABLE XXXIV

Composite Waiting List for year 1955

Total number on waiting list at 1st January, 1955	.....	.....	206
<i>Add:</i> New cases placed on waiting list	.....	.....	1,147
			<hr/> 1,353
<i>Deduct:</i> Cases admitted to hospital	.....	.....	1,085
Deaths of patients on waiting list	.....	.....	8
Patients refusing hospital treatment	.....	.....	78
Cases removed for other reasons	.....	.....	76
			<hr/> 1,247
Total number on waiting list at 31st December, 1955	.....	.....	106

TABLE XXXV

Comparative analysis of the number of patients on Waiting List at 31st December each year for the years 1951-1955

Date	Number on waiting list
31/12/51	374
31/12/52	225
31/12/53	183
31/12/54	206
31/12/55	106

TABLE XXXVI

Analysis of reasons for refusing hospital treatment for the years 1953-1955 with corresponding percentages

Reason given	Number refusing hospital treatment			Percentage		
	1953	1954	1955	1953	1954	1955
Patient prefers to rest at home	33	26	3	27.50	29.55	3.85
Patient refuses to co-operate	52	47	50	43.33	53.41	64.10
Domestic difficulties	7	4	1	5.83	4.54	1.28
Parents refuse	13	8	7	10.83	9.09	8.97
Other reasons	14	2	17	11.67	2.27	21.80
No reason given	1	1	—	0.84	1.14	—
TOTAL	120	88	78	100.00	100.00	100.00

TABLE XXXVII

Analysis of patients removed from Waiting List for reasons other than refusal during the years 1953-1955, with corresponding percentages

Reason for removal	Number removed			Percentage		
	1953	1954	1955	1953	1954	1955
Improvement in condition	114	58	54	81.43	73.42	71.05
Transfer to other areas	9	8	4	6.43	10.13	5.26
Condition deteriorated	—	1	1	—	1.26	1.32
Other reasons (various)	17	12	17	12.14	15.19	22.37
TOTAL	140	79	76	100.00	100.00	100.00

TABLE XXXVIII

Age distribution of persons vaccinated with BCG, persons not vaccinated and positive reactors during the year 1955

Age Groups (in years)	Number of candidates	Number of reactors	Number refusing vaccination	Number lost sight of	Number vaccinated	Percentage vaccinated
Under						
1	9,516	8	1	40	9,467	99.49
1—	1,008	28	—	3	977	96.92
2—	1,137	41	—	3	1,093	96.13
3—	1,144	71	—	1	1,072	93.71
4—	1,623	142	—	7	1,474	90.82
5—	14,282	2,356	1	36	11,889	83.24
10—	19,370	6,443	1	35	12,891	66.55
15—	3,797	1,841	1	14	1,941	51.12
20—	688	465	—	2	221	32.12
25—	169	136	—	—	33	19.53
30—	112	102	—	—	10	8.93
35—	97	91	—	—	6	6.19
40—	67	65	—	—	2	2.99
45—	59	57	—	—	2	3.39
50—	28	28	—	—	—	—
55—	33	32	—	—	1	3.33
60—	12	12	—	—	—	—
65+	12	11	—	—	1	8.33
Not stated	18	2	—	—	16	—
TOTAL	53,172	11,931	4	141	41,096	77.29

TABLE XXXIX

Total number of persons X-rayed by Mass Radiography (Static Unit) during the year 1955 analysed according to results of examination
(percentage in italics)

MALES										
Age Groups (in years)	DIAGNOSIS									Total
	TUBERCULOSIS						Other Abnor- malities	Normal		
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	2 0.21	— —	— —	4 0.41	70 7.31	76 7.93	41 4.28	841 87.79	958 100.00	
15— %	49 1.01	12 0.25	1 0.02	6 0.12	229 4.70	297 6.10	199 4.09	4,370 89.81	4,866 100.00	
25— %	32 0.74	66 1.53	2 0.05	1 0.02	191 4.44	292 6.78	212 4.92	3,802 88.30	4,306 100.00	
35— %	24 0.76	66 2.09	1 0.03	— —	163 5.17	254 8.05	269 8.52	2,634 83.43	3,157 100.00	
45— %	28 1.01	73 2.62	1 0.04	— —	199 7.15	301 10.82	581 20.88	1,900 68.30	2,782 100.00	
60+ %	6 1.00	28 4.68	— —	— —	46 7.69	80 13.38	269 44.98	249 41.64	598 100.00	
Not stated	—	—	—	—	—	—	—	—	—	
TOTAL %	141 0.84	245 1.47	5 0.03	11 0.07	898 5.39	1,300 7.80	1,571 9.43	13,796 82.77	16,667 100.00	

NOTE:—An additional 54 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XXXIX—Continued

FEMALES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS						Other Abnor- malities	Normal	Total	
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	4 0.46	1 0.11	— —	10 1.14	53 6.03	68 7.74	31 3.52	780 88.74	879 100.00	
15— %	53 0.78	18 0.26	4 0.06	7 0.10	371 5.45	453 6.65	219 3.22	6,134 90.13	6,806 100.00	
25— %	35 0.92	38 1.00	— —	— —	187 4.93	260 6.85	220 5.80	3,315 87.35	3,795 100.00	
35— %	17 0.78	50 2.28	— —	— —	117 5.34	184 8.40	201 9.17	1,806 82.43	2,191 100.00	
45— %	9 0.46	52 2.63	— —	— —	147 7.45	208 10.54	307 15.56	1,458 73.90	1,973 100.00	
60+ %	— —	14 4.43	— —	— —	29 9.18	43 13.61	118 37.34	155 49.05	316 100.00	
Not stated	—	—	—	—	—	—	—	—	—	
TOTAL %	118 0.74	173 1.08	4 0.03	17 0.11	904 5.66	1,216 7.62	1,096 6.87	13,648 85.51	15,960 100.00	

NOTE:—An additional 42 female persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XXXIX—Continued

BOTH SEXES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	6 0.33	1 0.05	— —	14 0.76	123 6.70	144 7.84	72 3.92	1,621 88.24	1,837 100.00	
15— %	102 0.87	30 0.26	5 0.04	13 0.12	600 5.14	750 6.43	418 3.58	10,504 89.99	11,672 100.00	
25— %	67 0.83	104 1.28	2 0.02	1 0.01	378 4.67	552 6.81	432 5.33	7,117 87.86	8,101 100.00	
35— %	41 0.77	116 2.17	1 0.02	— —	280 5.23	438 8.19	470 8.79	4,440 83.02	5,348 100.00	
45— %	37 0.78	125 2.63	1 0.02	— —	346 7.28	509 10.71	888 18.67	3,358 70.62	4,755 100.00	
60+ %	6 0.66	42 4.59	— —	— —	75 8.21	123 13.46	387 42.34	404 44.20	914 100.00	
Not stated	—	—	—	—	—	—	—	—	—	
TOTAL %	259 0.79	418 1.28	9 0.03	28 0.09	1,802 5.52	2,516 7.71	2,667 8.18	27,444 84.11	32,627 100.00	

NOTE:—An additional 96 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XL

Total number of persons X-rayed by Mass Radiography (Mobile Unit—No. 1) during the year 1955 analysed according to results of examination (percentage in italics)

MALES										
Age Groups (in years)	DIAGNOSIS									Total
	TUBERCULOSIS						Other Abnor- malities	Normal		
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	— —	2 0.05	— —	1 0.02	304 7.36	307 7.43	132 3.20	3,690 89.37	4,129 100.00	
15— %	6 0.10	17 0.29	2 0.04	2 0.04	379 6.54	406 7.01	277 4.78	5,109 88.21	5,792 100.00	
25— %	12 0.35	42 1.23	1 0.03	— —	197 5.77	252 7.38	258 7.55	2,906 85.07	3,416 100.00	
35— %	6 0.25	47 1.92	— —	1 0.04	132 5.41	186 7.62	253 10.37	2,001 82.01	2,440 100.00	
45— %	7 0.34	62 3.00	— —	— —	106 5.13	175 8.47	413 19.98	1,479 71.55	2,067 100.00	
60+ %	7 0.98	28 3.92	— —	— —	44 6.16	79 11.06	338 47.34	297 41.60	714 100.00	
Not stated	—	—	—	—	1	2	—	10	12	
TOTAL %	39 0.21	198 1.07	3 0.02	4 0.02	1,163 6.26	1,407 7.58	1,671 9.00	15,492 83.42	18,570 100.00	

NOTE:—An additional 32 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XL—Continued

FEMALES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS						Total	Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary					
	Active	Inactive								
0— %	1 0.03	4 0.10	1 0.03	1 0.03	181 4.75	188 4.94	135 3.54	3,486 91.52	3,809 100.00	
15— %	10 0.21	10 0.21	— —	— —	238 4.88	258 5.30	237 4.87	4,375 89.83	4,870 100.00	
25— %	2 0.10	24 1.17	— —	— —	117 5.71	143 6.98	137 6.68	1,770 86.34	2,050 100.00	
35— %	3 0.20	30 2.02	— —	— —	92 6.20	125 8.42	156 10.50	1,204 81.08	1,485 100.00	
45— %	4 0.29	38 2.74	— —	— —	73 5.26	115 8.29	243 17.51	1,030 74.20	1,388 100.00	
60+ %	3 0.55	25 4.55	— —	— —	43 7.83	71 12.93	249 45.36	229 41.71	549 100.00	
Not stated	—	—	—	—	1	1	5	12	18	
TOTAL %	23 0.16	131 0.92	1 0.01	1 0.01	745 5.26	901 6.36	1,162 8.20	12,106 85.44	14,169 100.00	

NOTE:—An additional 7 female persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XL—Continued

BOTH SEXES										
DIAGNOSIS										
Age Groups (in years)	TUBERCULOSIS							Other Abnor- malities	Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	1 0.01	6 0.08	1 0.01	2 0.03	485 6.11	495 6.24	267 3.36	7,176 90.40	7,938 100.00	
15— %	16 0.15	27 0.25	2 0.02	2 0.02	617 5.79	664 6.23	514 4.82	9,484 88.95	10,662 100.00	
25— %	14 0.26	66 1.21	1 0.02	— —	314 5.74	395 7.23	395 7.23	4,676 85.54	5,466 100.00	
35— %	9 0.23	77 1.96	— —	1 0.02	224 5.71	311 7.92	409 10.42	3,205 81.66	3,925 100.00	
45— %	11 0.32	100 2.89	— —	— —	179 5.18	290 8.39	656 18.99	2,509 72.62	3,455 100.00	
60+ %	10 0.79	53 4.20	— —	— —	87 6.89	150 11.88	587 46.48	526 41.64	1,263 100.00	
Not stated	1	—	—	—	2	3	5	22	30	
TOTAL %	62 0.19	329 1.00	4 0.01	5 0.02	1,908 5.83	2,308 7.05	2,833 8.65	27,598 84.30	32,739 100.00	

NOTE:—An additional 39 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLI

Total number of persons X-rayed by Mass Radiography (Molibe Unit—No. 2) during the year 1955 analysed according to results of examination
(percentage in italics)

MALES										
Age Groups (in years)	DIAGNOSIS									Total
	TUBERCULOSIS						Other Abnor- malities	Normal		
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	1 0.02	— —	— —	4 0.12	355 9.20	360 9.34	103 2.67	3,392 87.99	3,855 100.00	
15— %	8 0.17	3 0.07	— —	1 0.02	275 6.14	287 6.40	143 3.19	4,050 90.41	4,480 100.00	
25— %	21 0.57	23 0.62	— —	— —	255 6.88	299 8.07	163 4.40	3,243 87.53	3,705 100.00	
35— %	13 0.47	53 1.92	— —	— —	215 7.80	281 10.19	238 8.64	2,237 81.17	2,756 100.00	
45— %	12 0.47	54 2.09	— —	— —	228 8.86	294 11.42	477 18.54	1,802 70.04	2,573 100.00	
60+ %	5 0.91	18 3.27	— —	— —	42 7.64	65 11.82	208 37.82	277 50.36	550 100.00	
Not stated	—	1	—	—	—	1	—	3	4	
TOTAL %	60 0.33	152 0.85	— —	5 0.03	1,370 7.64	1,587 8.85	1,332 7.43	15,004 83.72	17,923 100.00	

NOTE:—An additional 7 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLI—Continued

FEMALES									
DIAGNOSIS									
Age Groups (in years)	TUBERCULOSIS							Normal	Total
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total	Other Abnor- malities		
	Active	Inactive							
0— %	3 0.08	1 0.02	— —	5 0.13	287 7.23	296 7.46	114 2.87	3,557 89.67	3,967 100.00
15— %	16 0.22	14 0.19	— —	4 0.06	377 5.25	411 5.72	256 3.56	6,517 90.72	7,184 100.00
25— %	14 0.46	31 1.02	— —	2 0.06	205 6.75	252 8.29	150 4.94	2,637 86.77	3,039 100.00
35— %	4 0.20	34 1.68	— —	— —	156 7.72	194 9.59	162 8.02	1,665 82.39	2,021 100.00
45— %	5 0.29	35 2.06	— —	— —	154 9.04	194 11.39	373 21.90	1,136 66.71	1,703 100.00
60+ %	1 0.29	7 2.08	— —	— —	33 9.79	41 12.16	153 45.40	143 42.44	337 100.00
Not stated	—	—	—	—	—	—	2	15	17
TOTAL %	43 0.23	122 0.67	— —	11 0.06	1,212 6.63	1,388 7.59	1,210 6.63	15,670 85.78	18,268 100.00

NOTE:—An additional 10 male persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLI—Continued

BOTH SEXES										
Age Groups (in years)	DIAGNOSIS									
	TUBERCULOSIS						Other Abnor- malities	Normal	Total	
	Pulmonary (post primary)		Pleural Effusion	Active Primary	Inactive Primary	Total				
	Active	Inactive								
0— %	4 0.05	1 0.01	— —	9 0.12	642 8.21	656 8.39	217 2.77	6,949 88.84	7,822 100.00	
15— %	24 0.21	17 0.15	— —	5 0.04	652 5.59	698 5.99	399 3.42	10,567 90.59	11,664 100.00	
25— %	35 0.52	54 0.80	— —	2 0.03	460 6.82	551 8.17	313 4.64	5,880 87.19	6,744 100.00	
35— %	17 0.36	87 1.82	— —	— —	371 7.76	475 9.94	400 8.38	3,902 81.68	4,777 100.00	
45— %	17 0.40	89 2.08	— —	— —	382 8.93	488 11.41	850 19.88	2,938 68.71	4,276 100.00	
60+ %	6 0.68	25 2.82	— —	— —	75 8.45	106 11.95	361 40.70	420 47.35	887 100.00	
Not stated	—	1	—	—	—	1	2	18	21	
TOTAL %	103 0.29	274 0.76	— —	16 0.04	2,582 7.13	2,975 8.22	2,542 7.02	30,674 84.76	36,191 100.00	

NOTE:—An additional 17 persons were X-rayed during the year for whom final diagnosis was not completed before publication of this report.

TABLE XLII

Details of Laboratory Work carried out during the year 1955

CENTRAL LABORATORY, WHITEABBEY HOSPITAL

Bacteriology		Biochemistry— <i>continued</i>	
Nasal swabs	5	Blood urea	29
Throat swabs	14	Fractional test meal	9
Ear swabs	9	Occult blood	20
Ear swabs for T.B.	9	Urine	937
Sputum for T.B. direct examination	16,190	Milk phosphatase	274
Sputum for T.B. culture	8,947	C.S.F. protein	1,381
Sputum for pyogenic organisms	246	C.S.F. Chloride	1,084
Sputum for spirilla, fungi, etc.	18	C.S.F. sugar	1,168
Sputum for asbestosis	26	Alkaline phosphatase	9
Sputum for cells	186	Acid phosphatase	3
Laryngeal swabs for T.B. culture	60	Urine diastase	1
Bronchoscopy specimens for T.B. culture	24	Blood diastase	1
Uterine curettings for T.B. culture	57	Blood chloride	1
Fasting Gastric Residue for T.B. culture	3,754	Haematology	
Blood culture	5	Red cell count	180
Blood culture for transfusion blood	1,341	White cell count	584
Faeces	13	Differential count	115
Urine for T.B. direct examination	949	Reticulocyte count	9
Urine for T.B. culture.....	949	Platelet count	6
Urine for pyogenic organisms	745	Blood films (transfusion blood)	447
Urine for cytology	949	Haemoglobin	703
Pus for T.B. direct examination	274	Fragility test	3
Pus for T.B. culture	224	Erythrocyte sedimentation rate	798
Pus for pyogenic organisms	196	Haematocrit estimation	7
Bone marrow culture and cells	95	Prothrombin estimation	35
Glands for T.B. culture	40	Bleeding time	3
Tonsils for T.B. culture	24	Clotting time	3
Antibiotic Sensitivity (other than anti-tuberculosis drugs)	350	Van den Bergh	19
<i>Exudates (pleural, synovial, ascitic, etc.):</i>		ABO blood grouping	249
T.B. direct examination	220	Rh typing	249
T.B. culture	215	Crossmatching	447
Cytology	218	Coombs' crossmatching	85
Pyogenic organisms	220	Congo red absorption.....	6
<i>Cerebro-Spinal Fluid:</i>		Paul Bunnell	2
Cytology	1,381	Widal	2
T.B. culture	1,260	Thymol turbidity tests	25
Pyogenic organisms	68	Morbid Anatomy and Histology	
Parasites (skin and intestinal)	12	Autopsies	9
Animal inoculations	56	Biopsies	25
Food, bacteriological	2	Examination of resected lung specimens.....	145
Preparation of tuberculin, etc.	186 <th colspan="2">Specific Anti-Tuberculosis Therapy</th>	Specific Anti-Tuberculosis Therapy	
Biochemistry		<i>Cultures for Anti-tuberculosis Sensitivity Tests:</i>	
Blood calcium	5	(Streptomycin, Para-amino-salicylic acid, Isonicotinic acid hydrazide)	
Blood cholesterol	6	Sputum	7,232
Blood protein	12	Cerebro-spinal fluid	
Blood potassium	6	Gastric residue	
Blood sodium	6	Urine	
Blood sugar	275	Pus	
		Exudates	
		Endometrium	
		Autopsy material	
		Resected surgical material	
<i>Total number of investigations:—56,152</i>			

Other Items

Drums sterilized	2,288	Sterile syringes issued	5,604
Sterile solutions prepared	1,736	Streptomycin prepared	1,510
Needles, apparatus, etc. repaired	5,206		
		TOTAL	16,244

LABORATORY—LONDONDERRY CHEST HOSPITAL

Sputum for T.B. direct examination	4,827	Urine, chemical examination	139
Sputum for T.B. culture	733	Fractional test meal	1
Fasting gastric residue for T.B. culture	74	Erythrocyte sedimentation rate	6,431
Pleural fluid for T.B. direct examination, and cytology	32	Haemoglobin	223
Pleural fluid for T.B. culture	16	Red cell count	126
Pus for T.B. direct examination	21	White cell count	135
Pus for T.B. culture	6	Blood film examination	94
Urine for T.B. direct examination	53	Bleeding time	1
Urine for T.B. culture	25	Clotting time	1
Urine for cytology	69	Miscellaneous	38
		Sterile solutions prepared	25
		Needles, apparatus, etc. repaired	300

LABORATORY—DUNGANNON CHEST HOSPITAL

Sputum for T.B. direct examination	1,524	Intravenous giving sets sterilised	10
A.P. needles sharpened	500	Surgical Drums sterilised	50

TABLE XLIII

Showing position regarding the X-ray examination of Teachers under the Teachers' Compulsory Absence and Special Sick Leave Regulations (Northern Ireland) 1954

Total number of Teachers admitted to scheme during year ended 31/8/55	.....	.....	.....	.....	.....	7,900
Number removed from register during year				.....	.....	282
Number remaining on register at 31/8/55	.....	.....	.....			7,618
Number examined:						
(a) Normal	.....	.....	.....	.....	.....	7,164
(b) Active Pulmonary Tuberculosis	.....	.....	.....	.....	.....	18
(c) Inactive Pulmonary Tuberculosis	.....	.....	.....	.....	.....	240
(d) Observation	.....	.....	.....	.....	.....	14
						7,436
Number who failed to attend for examination				.....	.....	148
Examinations pending at 31/8/55	.....	.....	.....	.....	.....	18
Transfers and new appointments received prior to 31/8/55 for whom X-ray examination could not be arranged before that date	.....	.....	.....	.....	.....	16
						7,618

Four of the eighteen cases of active pulmonary tuberculosis were previously known to the Authority and were under supervision prior to the introduction of the Scheme.

TABLE XLIV

Analysis of deaths from tuberculosis during year 1955

Age Group	Tuberculosis of Respiratory System		Tuberculosis of Meninges and Central Nervous System		Tuberculosis of Intestines, Peritoneum and Mesenteric Glands		Tuberculosis of Bones and Joints		Tuberculosis all other forms		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	1	—	—	—	—	1	—	1	1
1—	—	1	—	1	1	—	—	—	—	—	1	2
2—	—	—	—	—	—	—	—	—	—	—	—	—
3—	1	—	—	—	—	—	—	—	—	—	1	—
4—	—	—	—	1	—	—	—	—	—	—	—	1
5—	—	—	1	—	—	—	—	—	—	—	1	—
10—	—	2	—	1	—	—	1	—	—	—	1	3
15—	—	1	—	—	—	—	—	—	—	—	1	1
20—	—	2	—	—	—	—	—	—	1	—	1	2
25—	5	5	—	—	—	—	—	—	—	—	5	6
30—	13	10	—	—	—	—	—	—	—	—	13	10
35—	5	10	—	—	—	—	—	—	1	1	6	11
40—	8	8	1	1	—	—	—	1	—	—	10	10
45—	12	2	1	—	—	—	—	—	1	1	14	3
50—	12	6	—	—	—	—	—	—	1	1	13	7
55—	15	1	—	—	—	—	—	—	—	1	15	2
60—	13	2	—	1	—	1	—	—	—	1	13	5
65—	17	2	—	—	—	—	—	—	—	2	17	5
70—	11	4	—	—	—	—	—	—	—	—	11	5
75—	6	2	—	—	—	1	—	1	—	—	6	3
80—	—	1	—	—	—	—	—	—	—	—	—	1
85+	1	—	—	—	—	—	—	—	—	—	1	—
TOTAL	121	59	4	6	1	3	1	2	6	8	133	78

Figures kindly provided by the Registrar-General for Northern Ireland

KEY

- AREA BOUNDARIES
- - - COUNTY BOUNDARIES WHERE DIFFERING FROM AREA BOUNDARIES



CHEST CLINICS

CHEST HOSPITALS

AREAS

- No 1
- No 2
- No 3
- No 4



